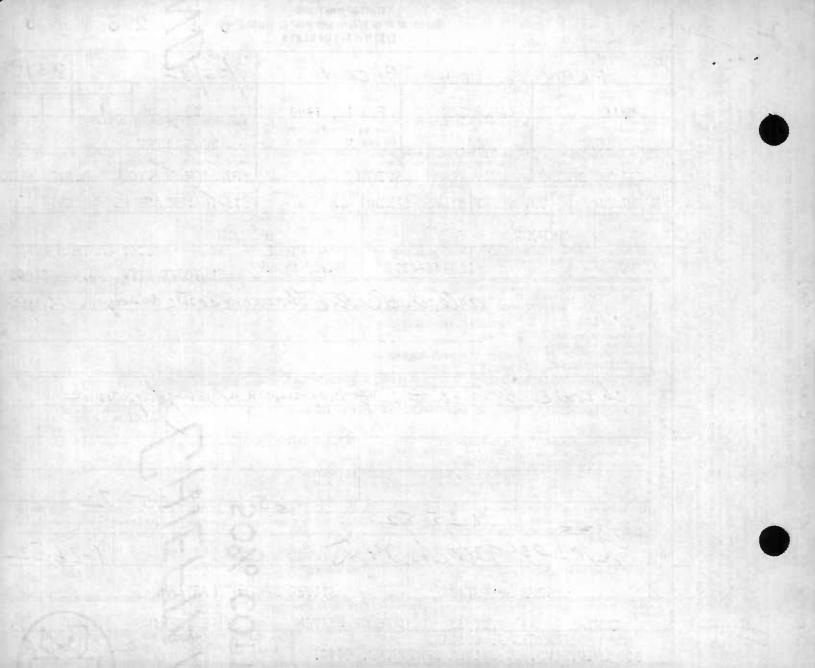
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X	14	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF H	EALTH AND MENTAL HY		3 9 .	0
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å.	41 4/6	10. C	IT OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI		OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BU	JSINESS OR
0 110	PE 500		SILVER SPRING	HOLY CROSS		1	FORFIGN SERVI	CF U.S.	COMMER
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	nding carb carb , or r		4412	DUE TO, OR AS A CONS	EQUENCE OF				
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	by the of use remov crematic		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONS	SEQUENCE OF				
	d by lease ial, c		underlying cause last.	(e)					
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j	S S S S S S S S S S S S S S S S S S S		218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
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î	o A b	AED	21d. INJURY OCCURRED	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OF TOWN	COUNTY	STATE
0	os the thou orked	-	AT WORK NOT WHILE AT WORK			1 4	- 9 25	- 72	
0	Ne. A Use Heal is m		220.1 certify that (1) (this hasp	ital) attended the deceased to	rom	1960	10	, 19 that	t (I) (III) last
	Sprite CTO I for of I		saw the deceased alive or above (I) (d/d ne	ot) view the body after death.			death accurred on the date and ha	ur and fram the cau	ses stated
4	DIRECTORES DEPT. G		THE SIRSHANDIRE	ninh	1. 200	DEOREE		22c DATE SIG	NED
	4		14	regulaci	2 14	ATTENDING PHYSICIAN	MEDICAL STAFF	7-26	5-02
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			GEORG	GE SENGSTACK		SILVER SP	RING. MARYLAND		
rei	0 % × M	23a. E	URIAL, CREMATION, REMOVAL		23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	50,44	
	3P		BURIAL	9/28/82	GATE C	F HEAVEN	SILVER SPRING	MONT	MD.
Al-	H - 16 50M 4/82	24. FI		CIS J. COLLINS		250. DA			
	VRA 15, 4)			W. SILVER SP		20901	1 - 1905	my la	neigh



REGISTRAR  MEDICAL EXAMINERS CERTIFICATE OF DEATH    DECEMBER   STATE   DECEMBER   DECEMBER   STATE   DECEMBER   DE	X			FOR STATE				OF HEALTI	AARYLAND AAND MENTAL	6.	23	97	7
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A AGE INTERS   DATE OF BRITT   SAME   STORE   DATE OF BRITT   SAME	A. Contraction	Series -	(TYI	PE OR PRINT)	Di	chand	4.		111an	OF ES	TI-		537
A. BRITHPLACE (DIALICAL)   A. BRITHPLACE (DIAL			3. SE)	M	RACE	5. DATE OF BIRTH		BIRTHDAY) MONT	DER 1 YR. IF UNDE	MIN: PRONOUNCED	МОНТН	DAY YEAR	24. HOUR 5 3
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The Was Decay Decay of the control		PAGE S PAGE S PEFILED	10 C	S-/	Se C	11. NAME OF HO			ER INSTITUTION	FOR MOST OF WORKING	LIFE)	OR INDUSTR	SINESS
The Was Decay Decay of the control		ANY DE AND 3 TRETAIN PECORE								13e STREET ADDRESS			
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PART I DEATH WAS CAUSED BY  MMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if day, which give its to immediate pour its to the under lying couse lost.  PART I DEATH WAS CAUSED BY  TO BE VALUE AND		ALTIMO SAFTER D SIVE PAC TH FORM VAGES 13 VISION O	16a. V	ES, NO, OR UNKNOV	EVER IN U.S. AR	MED FORCES? WAR OR DATES)						od Ct.	s.s.
18. DATE OF OPERATION   19. CONDITION FOR WHICH OPERATION WAS PERFORMED?   10. AUTOPSY?   10. AU		WITHIN 24 HOU WITHIN 24 HOU ENCIL IN ITEM 18 MINER ALONG V TRANNSI PERMIT TRANNSI PERMIT OR REMOVAL.		Condition gove rise couse (o)	JMMEDIA JMMEDIA s, if any, which to immediate stating the <u>under</u> -	D BY: TE CAUSE (o) DUE TO, O	R AS A CONSEQU	ence of	my oc	scardizi	Dis	BETWEEN ONSET	AND DEATH
TITLE (SPECIFY)  DHMH-17  (PR A15 Me (5))  PAGE  TO SPECIAL PROPERTY OF THE PR		S A REV	NOI		100		BUT NOT RELATED TO 1	HE TERMINAL DISEAS	E DR CONDITION GIVEN IN	PART 1 (a).			
DISTRICT OF STATE    19		SHOULD ORD "PE CHIEF A CHIEF A TOF HE	TIFICAT		10	ne		OPERATION V	AS PERFORMED?				-1-
270   Leetify that I took charge of the remains described above, held on Autopsy   , Inspection   , Inquiry   , and in my opinion   death resulted from: Natural couses   , Accident   , Suicide   , Homicide   , Undetermined monner   , TITLE (SPECIFY)	-	ION OF TIFICATE G THE W TO THE HOULD E HOULD E		UNDERLYING CONTRIBUTIN	OR G CAUSE OF	DEATH P./	M. MONTH DAY	YEAR		RED (ENTER NATURE OF MULLY IN	FITEM TS PART T OR PART	2]	
270   Leetify that I took charge of the remains described above, held on Autopsy   , Inspection   , Inquiry   , and in my opinion   death resulted from: Natural couses   , Accident   , Suicide   , Homicide   , Undetermined monner   , TITLE (SPECIFY)		DIVIS THIS CER WRITIN WARDED PAGE 3 S TATE DEP	MED	WHILE	NOT WHILE					CITY OR TOWN	COUN	NIY	STATE
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BP		MEDICAL CCUTE THE SE 4 SHO FUNERAL TIMORE,	1	EXAMINER'S		20		~	ADDRESS.	MEDICAL EXAMINER	SIGNED	(CPD)	1902
DHMH-17 (VR A15 ME (5))  PARTICIPATION OF THE PROPERTY OF THE			23a. B	urial, cremat Burial	ION, REMOVAL	9/8/82	23c. NAME (	of CEMETERY C ngton N	R CREMATORY	23d LOCATION CITAL LINGUE	n Va.	TY STA	ATE
180 (7/40)		DHMH - 17	24 F	NA MCGui	re Funer	al Servi	e <b>s</b> 740	0 Ga.,	Ave., SFP	1 4 1982	b. REGISTRAR'S SIC	GNATURE	

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	1-	FOR STATE REGISTRAR			DEPART	MENT OF I	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	2 3	9 7	8
2 25		CEASED NAME OR PRINT)	Ann		n Andersq		AST	20. DATE OF DEATH MONTH		25. HC	A M
( MA)	3. SE)			4. RACE		5. DATE		6. AGE (IN YEARS LAST BIRTHDAY)		YEAR IF UND	DER 24 HRS.
TAR.	Fe	emale		Caucasi	an	Octob	er 17, 1914	67	YRS.	DATS	MIN.
Republic Co	7a BII	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY OR CO		TH	
d 57 (8)		ew York		U.S.A.		WIDOWI		Montgomery Co	ninty.		MD.
1 11 10	-	TY OR TOWN OF DEA	ТН	(IF NOT IN SUC	HOSPITAL, NURSIN CHFACILITY, GIVE STREET an Hospit	ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Telephone Sur	12b. KI KING LIFE) INDUS	IND OF BUSI	
5 2 400	USUA	L RESIDENCE (IF NURS	ING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)			. veywi	IIIIOI	macio
T PE TO	13a. S	yland	Mont	gomery	Bethesd		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 4521 East Wes	t Uicht	7077 (2	0014)
nd 2 sho	14 FA	THER'S NAME FIRST  2d J. Sisso		MIDDLE	LAST	ia	YES TO DO DO SENSOR NO DE SENSO	WE	ot night	LAST	0014)
5 - 4		AS DECEASED EVER		MED FORCES?	16b. SOCIAL SECU	IRITY NO.	17. INFORMANT	Post Offores H	20x 27		
Poper medic	(4	ES, NO OR UNKNOWN)		E WAR OR DATES)	075-03-9		Elbert Sisso		1, MD 2	20616 PPROXIMATE IN	
hysician.  Ticote has been signed by the attentioning permit. Then please money.  Hygiene prior to burial, crimatian.  18 sbows any injury, or other traumin.	CERTIFICATION	Conditions, if ony, gove rise to imm cause (a), statin underlying cause  PART 2. OTHER SIGN  A 5 Th A  19a. DATE OF OPERAT	nediate g the last.	DUE TO, O  (c)  CONDITIONS CO  19b. COND	ition for which	ENCE OF	N WAS PERFORMED	YES NO	IF YES, WERE F CERTIFYING CA YES []	INDINGS U	ATH?
phys fifico l-troi ol Hy n 18	- 1	21a. ACCIDENT WAS UND	AUSE OF DE	HOUR A.	M. MONTH D		216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PA	RT 2}	
After this cert e as the burial olth and Mente marked ar Item	MEDICAL	(IF EITHER NOTIFY MEDIC 21d. INJURY OCCURE WHILE NOT WH AT WORK AT WO	RED	21e. PLACE	.M.  OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	211. LOCATION STREET	CITY OR TOWN	COUN	ITY	STATE
TOR: Affor use of Health		22s.1 certify that (1) saw the decease abave, (1) (we) (c	d alive an	9/6	19	₹ <u>2</u> ,0	nd that in (my) (aur) opinion	death accurred an the date ar	19 8 d		(we) last stated
by the haspital ERAL DIRECTOR: se detached for us State Dept. of He ANT: If them 21 is		22b. SIGNATURE	1	of he	loon		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	_ 7	DATE SIGNE	2
TO FUNERAL should be dett with the State		Joe/		prenti bulman			27. ADDRESS 9410 01	d George Ton,	n Ri)	Bethe	1 19
5 ⊃ ≒ 3 ≧ <b>7</b>	_ (	URIAL, CREMATION, SPECIFY) Emation					Crematory	23d LOCATION CITY OF TOWN Washington	DC. COUNTY		STATE
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Douglas Stauffer, Frederick, Md,

FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES TA NO [ 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE , SEPTEMBER 20 10 82 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) NAVAL HOSPITAL, NATIONAL NAVAL d b ORT MEDICAL CENTER, BETHESDA, MD 20814 DAVIS, LCDR, MC, USNR 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23d. LOCATION 23b. DATE STATE SUITLAND P.G.MARYLAND CEDAR HILL CREMATORY 22 SEPT 82 CREMATION 24 FUNERAL DIRECTOR W.W.CHAMBERS COMPANY, INC. 8653 GEORGIA AVENUE (VRA 15, 4) STLVER SPRING MD

2b. HOUR

4:50

12b. KIND OF BUSINESS OR

LAST

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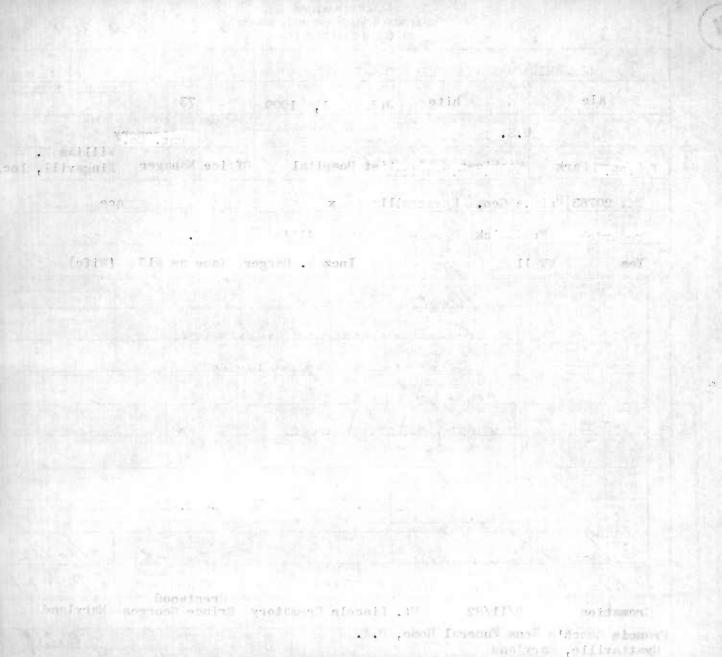
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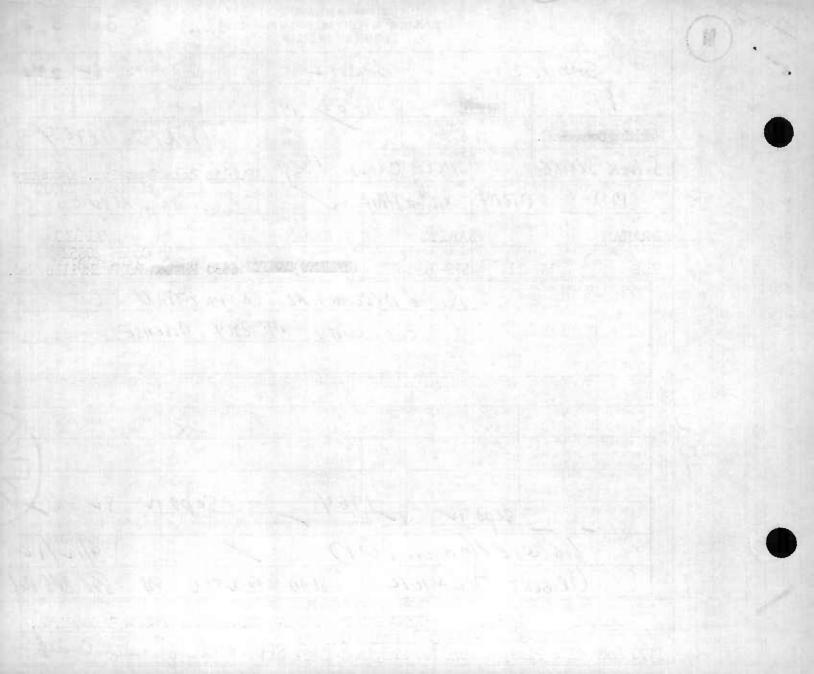
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN X 2a DATE 26 HOUR (TYPE OR PRINT) OF ESTI-Dorothy J. Austin DEATH MATED 19 82 SEX 4. RACE 5 DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED 6, 1920 Female White 62 DEAD Jan. 19 82 To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED Montgomery County DIVORCED Wisconsin W. CITY OR TOWN OF DEATH America WIDOWED DIV 12g, USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Silver Spring 1900 Lyttonsville Road. ETAIN PA Clerk US Govt. ISUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 20907 13a STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Montgomery Silver Spring NO 1900 Lyttonsville Road. #503 YES [ 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Dorothy Murphy Erving G. Austin An. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT 3ADORES Rose St. DIVISION (YES, NO OR UNKNOWN) Sarasota Fl. 33579 388 16 4499 Mitzi T Bishop no 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PARTIDEATH WAS CAUSED BY Acute myocardial disease. IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION None 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? None YES [] NOX 71a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None P.M. 19 21e PLACE OF INJURY (ATHOME 211 LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC. I STREET CITY OR TOWN COUNTY PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 Inspection X 22a. I certify that I took charge of the remains described above, held on Autopsy and in my opinion Natural causes X death resulted from Accident Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE SIGNED 9/1/82 Deputy SIGNATUR MEDICAL EXAMINER 1919 Seminary Road XAMINER John S. Rogers. Silver Spring, Montgomery, Md. ADDRESS 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE Va. 9 - 4 - 82Metropolitan Crem: Alexandria Cremation AVE . DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Georgia A 8434 ADDRESS DHMH-17 Sil. (VR A15 ME (5) ) Pumphrev Inc 15M 2/80

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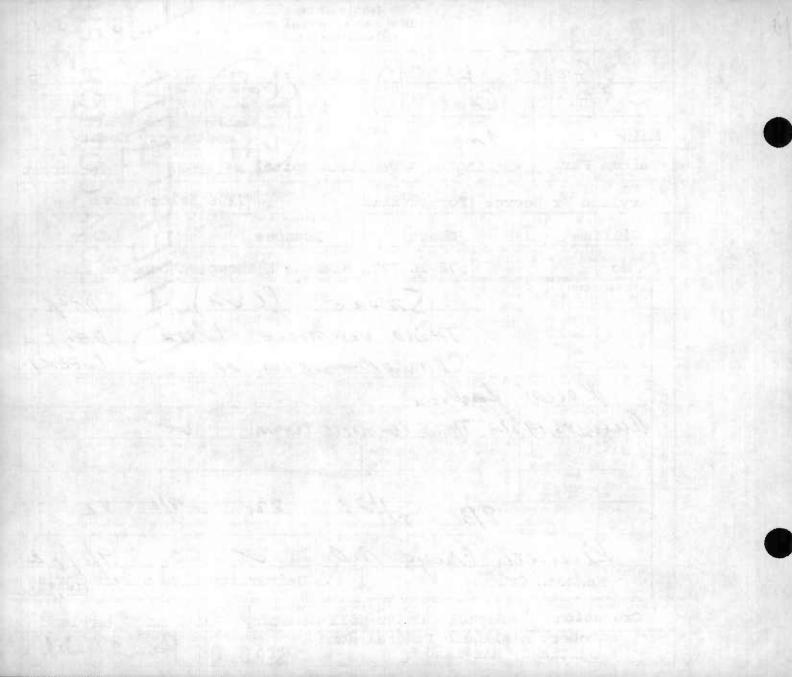
	1.	FOR STATE REGISTRAR			DEPARTA	NENT OF H	E OF MARTLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2	2	3 9	8 3
		CEASED NAME E OR PRINT)	FIRST	J	WIDDLE	BAIL	EY	20. DATE OF DEATH SEPTEMBER	MONTH D	1982	26. HOUR 9:20 A
(M)	3. SE	MALE		RACE WHIT	E	5. DATE O		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
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100	B	ETHESDA		6104	MATDEN LA	DDRESS)	DR OTHER INSTITUTION	TYPE OF WORK FOR MOST C RETIRED		12b. KIND O INDUSTRY	F BUSINESS OR
286	MA	AL RESIDENCE (IF NUR STATE RYLAND	MONTO	OMERY	BETHESD		YES NO K	13e. STREET ADDRESS 6104 MAI	DEN LA	INE	
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e medico	16a V	VAS DECEASED EVER YES NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	328-05-		JUNE B. MCVE	IGH, NEICE, B	104 MA EHESDA		LAND
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rotherth		gave rise to im cause (a), static underlying cause	ng the	DUE TO, O	r as a conseque	NCE OF	O				
injury, e	NOI	PART 2 OTHER SIG	nificant co	NDITIONS <u>C</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 100	2
9	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	, WERE FINDIN YING CAUSES	OF DEATH?
18 de		21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEATH	. 1	OF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PA	RT 1 OR PART 2)	
in page	MEDICAL	21d INJURY OCCUR	HILE [		OF INJURY REET, FACTORY, OFFICE FA	ARM, ETC )	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
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ote Dept. II. If Hem		276 SCHATURE	we d	Peno	ty (W)	100	DEGREE ATTENDING PHYSICIAN (X	MEDICAL STAI	FF CIAN []	22c. DATE	SIGNED 2/- 2
with the Stat		22d. PHYSICIAN'S N RICHARD			, D.		220 ADDRESS 1145 191	H STREET, N	I.W.		
3 2	E	BURIAL, CREMATION,		236. DATE 9/23/	82 5		EMETERY OR CREMATORY ABRIELS	23d LOCATION CITY OF TOWN POTOMAC		NTGÖMER	
OM 1/81 5, 4)	24. F	UNERAL DIRECTOR CONNE	& R F	UNERAL AVE.,	SERVICES N.W. WASH	I. D.		P 2 4 1982	250 REGISTR	PAR'S SIGNAT	helf

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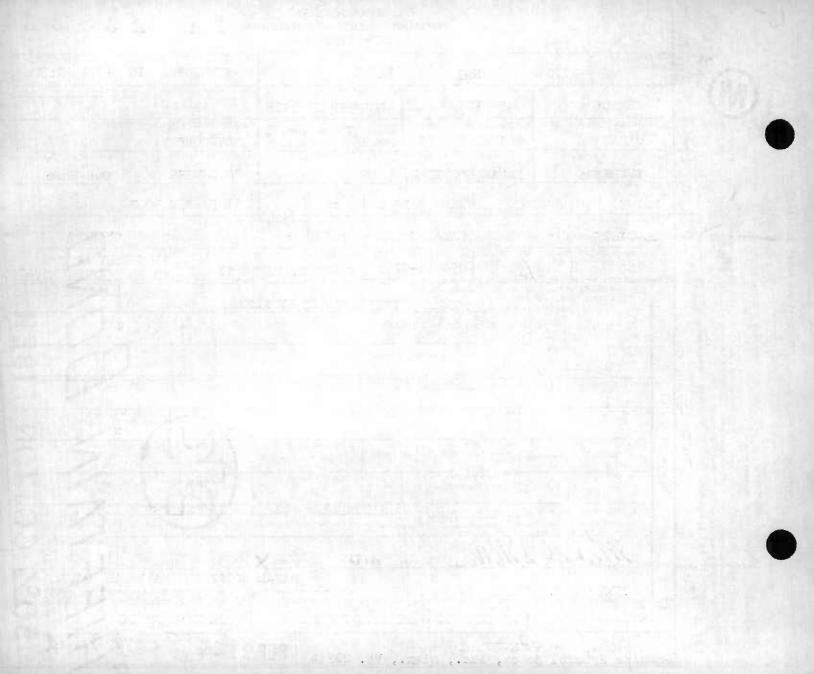




YD		FOR			E OF MARYLAND FEALTH AND MENTAL HY	CIENE 43 C	0 7 .:	0 6
		- STATE REGISTRAR		CERTII	ICATE OF DEATH	REG. NO.	237	0 0
	2.3	I. DECEASED NAME (TYPE OR PRINT) JAME			BARNES	SEPTEMBER		26 HOUR 3:50PM
	(M)	3. SEX MALE	4 RACE WHITE	S DATE O		6. AGE (IN YEARS LAST BIRTHD)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
	nerol of 72 hours	70 BIRTHPLACE STATE OR FORE COUNTRY)  TLLINOIS	76 CITIZEN OF W		D NEVER MARRIED D	9 BALTIMORE CITY OR OMEN	COUNTY OF DEATH	MD.
	s ofter de by the fur illed withi	NENSINGTON	11. NAME OF H	OSPITAL, NURSING HOME ( FACILITY, GIVE STREET ADDRESS)  RUID DRIVE	OR OTHER INSTITUTION	120 USUAL OCCUPATION		F BUSINESS OR
AND 212	filled in hould be	USUAL RESIDENCE (IF NURSING 130 STATE 13 MARYLAND	HOME OR OTHER INSTITUTION, OF COUNTY  MONTGOMERY	GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN  KENSINGTON	YES NO X	13e STREET ADDRESS 5016 DRUII	D DRIVE	20895
MARTL	ond 2 sl	14 FATHER'S NAME CLARENCE	WIDDLE	BARNES	15 MOTHER'S MAIDEN NA FIRST MTLDRED	WIDDLE	MORG	AN
BALTIMORE	on and co	160. WAS DECEASED EVER IN (YES, NO OR UNKNOWN) NO	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	357-24-5160	BLYTHE BARN	es, wife, Ken	6 DRUID DR	IVE 20895
RDS, 201 W. PRESTON ST	requires that the death cert ingreed by the attending. Their phase remove corbor to burial, stemation, or re- infury, or other traumatic ex-	Conditions, if any, we gove rise to immedicate to its stating underlying cause	which diate the lost. (b) • DUE TO, Of (c)	AS A CONSEQUENCE OF  AS A CONS	ia signio	nomation ad <u>Color</u> WINAL DISEASE OR CONDIT	TION GIVEN IN PART 1	untis
AL RECORDS,	Soc.	190 DATE OF OPERATION		ION FOR WHICH OPERATIC		YES NO	20b. IF YES, WERE FINDI IN CERTIFYING CAUSES YES	NGS USED OF DEATH?
DIVISION OF VIT	ding physical actions to certificate the physical transfer Mannal Hygin actions and the certificate the physical actions are actions and actions are actions and actions are actions and actions are actions and actions are actions as a second action and actions are actions as a second action actions are actions as a second action actions are actions as a second action action action actions are actions as a second action	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL B 21d. INJURY OCCURRED	ISE OF DEATH HOUR A.M EXAMINER) P.M  21e. PLACE O	A. MONTH DAY YEAR  A. 19  DEINJURY	211 LOCATION	RED (ENTER NATURE OF INJURY II	N ITEM 18, PART 1 OR PART 2)	
DIVISI	TENDING Popul or other 1708. After 11 for use 115 the off Health and 22 is marked	22a   certify that (1) (s)	his haspital) attended the alive an Allalle	1.2919 AZ	0	CITY OR TOWN	, 19,	that (we) last causes stated
	O HOSPITAL OR AT strained by the boss for FLVNERAL DIREC- hould be defeated in with the Stote Dept.	124 PHY SCIAN'S NAM	(did not) view they body of	mentrait Firmantrai	DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIA	NO PLOS	SIGNED 182 16116
	BP	230. BURIAL, CREMATION, RE (SPECIFY) CREMATION	MOVAL 135 DATE 9/2/8		EMETERY OR CREMATORY HILL CREMATO	23d. LOCATION CITY OF TOWN  RY SUITTLAND	COUNTY	STATE MD
	DHMH - 16 60M 1/75 (VR A 15 (4))	24 FUNERAL DIRECTOR R		ON SERVICES	25a. DA	TE REC'D. BY REGISTRAR 251 EP 7 1982	MEGISTRAR'S SIGNAT	



	1	FOR - STATE REGISTRAR			DEPA	RTMENT OF	E OF MARYLAND IEALTH AND MENTAL HYC ICATE OF DEATH		2	3 9	8 8
FE			CCH	1	MI	BAUI	AST ER	REG. NO 20. DATE OF DEATH SEPTEMBE	MONTH I	1982	9:30a
)	3 SE	FEMALE		race <b>Japane</b>	ESE	5 DATE O	EMBER 23 1938	6 AGE (IN YEARS LAST BIR	YRS.	IF UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
1/		IRTHPLACE (STATE OR FOREK COUNTRY)  JAPAN		UNITED	WHAT COUNT  STATES	MARRIE		9 BALTIMORE CITY O		OF DEATH	MD.
21		BETHE SDA		NAVAL	HOSPITA	L, NNM	DR OTHER INSTITUTION	12ª USUAL OCCUPATION OF THE HOUSEWIFE	F WORKING LIFE	12b. KIND C INDUSTRY Own	Home
1	13a	AL RESIDENCE (IF NURSING HE STATE IS) IA INE	ROOS	,	GIVE RESIDENCE BE	OWN ISLE		13e SURFET ADDRESS TO SUNSET	LOOP		
18		ENKICHI	MID	DLE	NAKAŽA	То	MAT SURSI	WIDDLE		OYAKAT	
3	16a \	VAS DECEASED EVER IN U YES, NOORUNKNOWN) (IF		AR OR DATES)	054-46		JAMES F. BAI	ADDRE JER II	51 SU PRESO		OOP  E. ME 0476  IMATE INTERVAL ONSET AND DEATH
prior to burial, crematic any injury, or other trac	CERTIFICATION	underlying cause lo	ate the ast.	(c) NDITIONS <u>C</u>		TO DEATH BUT	NOT RELATED TO THE TERM  N WAS PERFORMED	INAL DISEASE OR COND	20b. IF YES	WERE FINDIN	NGS USED
Item 18 shows		71a. ACCIDENT WAS UNDERLY!	OF DEATH	1	M. MONTH		21c HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJUR	YES	ING CAUSES	NO [
	MEDICAL	(IF EITHER NOTIFY MEDICAL EX		21e. PLACE	OF INJURY REET FACTORY, OFFI	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
em 21 is marked		22a L certify that (I) (this saw the deceased of above, (I) (we) (did) (	ive on	16 SEI	TEMBER	82, ar	PTEMBER , 19 82 and that in (my) (our) opinion and DEGREE			and from the	
TNA TNA		Michael 27d PHYSICIAN'S NAME	LIVE OR PR	Mill	2		D ATTENDING PHYSICIAN	MEDICAL STAF		16 SI	EP 82
with the State [	73- 5	MICHAEL S	s. MI				MEDICAL CENT	L HOSPITAL, FER, BETHESE  123d LOCATION			
_		SPEREMATION		19 SF			EMATORY	WASHING'	_		STATE
/81		naine Fuhera	イ. マ.大 1 Hon	nes, I	nc., Al			2 1 1982	REGISTE	A. Con	ing



BP.

DHMH - 16 50M 1/81

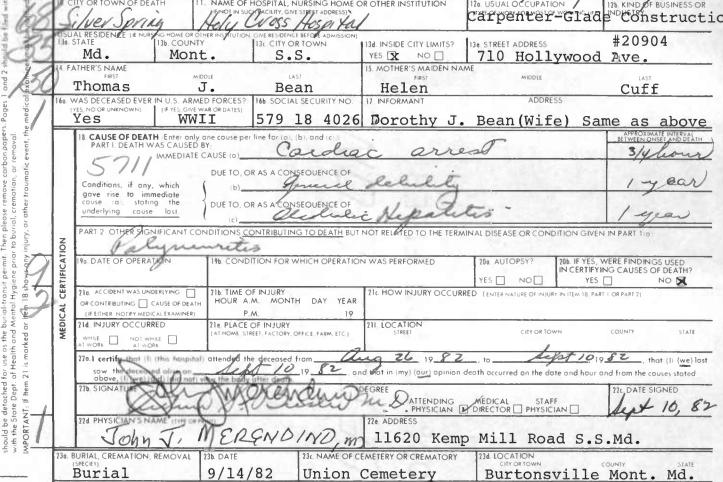
(VRA 15, 4)

FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

BIRTHPLACE

		DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 2	610	3 9 8 9
FIRST	MIDDLE	L.	AST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
HARLE	· H.	Renal		Sept.	10,1982	2320
	ACE	5. DATE C	F RIRTH	6. AGE LIN YEARS LAST BI		ER I YEAR IF UNDER 24 HRS
	WHITE	MONTH 9		60	YRS.	DAYS HOURS MIN.
REFOREIGN 76	U.S.A.	COUNTRY? 8. MARRIED WIDOWE		MONTGON	- 1	inkes MD.
ig /	LOW COO	S HOSPI YAY	R OTHER INSTITUTION	Carpente		Constructions
13b. COUNTY Mont	13c C1	TY OR TOWN	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS 710 Holl	•••	20904
J		LAST Bean	Helen	MIDDLE		Cuff
(IF YES GIVE WA	R OR DATES)	9 18 4026	Dorothy J	• Bean (Wit		as above
TH Enter only o VAS CAUSED B' IMMEDIATE C		Cardia	c arr	est		3/yllour
, which	DUE TO, OR AS A	CONSEQUENCE OF	delulity			1 year
mediate ng the e last	DUE TO, OR AS A	CONSEQUENCE OF	c Nepate	tis .		1 year
NIFICANT CON	DITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COM	NDITION GIVEN IN	PART 110
N	196 CONDITION F	OR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?		E FINDINGS USED CAUSES OF DEATH?
CAUSE OF DEATH	21b. TIME OF INJUI HOUR A.M. M. P.M.		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	ury in item 18 part i or	PART 2)
RRED	21e PLACE OF INJU		211 LOCATION STREET	CITY OR TO	OWN CO	DUNTY STATE

1 5 1982



<sup>74 FUNERAL DIRECTOR</sup> Hines/Rinaldi 11800 N.H.™Ave.S.S.Md.

A TELEVISION OF THE PROPERTY O att and of the area

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO MIDDLE 2a DATE OF DEATH MONTH 2h HOUR 05 80 10 Ph L IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH Montgomery AZE KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING (IFE) INDUSTRY 17777 BOWIE MILL ROAD HUBER SAME AS 13 HUSBAND

YES F

COUNTY

STATE

NO F

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

> 23c NAME OF CEMETERY OR CREMATORY GATE OF HEAVEN

SILVER SPRING

24 FUNERAL DIRECTOR FRANCIS J. COLLINS 500 UNIV. BLVD. . W. . SILVER SPRING. MD.

9/14/82

23b. DATE

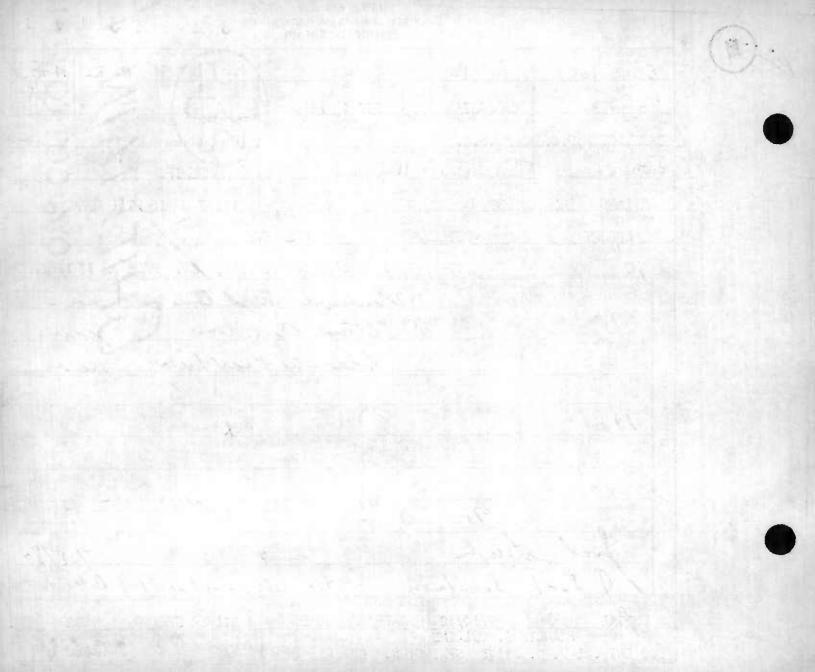
20901

DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

REGISTRAR

1. DECEASED NAME



STATE OF MARYLAND

Control of the contro ingent of contract and the second street out

,		1 -	FOR STATE REGISTRAR		DEPART	MENT OF F	E OF MARYLAND BEALTH AND MENTAL H COATE OF DEATH	U 6m	2 5. NO.	3 9	9 2
215			CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEAT	Н момтн	DAY YEAR	2b. HOUR
TIS/	1		Alexa	ander Ma	xwell	<b>Black</b> l		Sept.	1,	1982	8:30 RM
1 (10)	1	3. SE		4. RACE	2.4.19	5. DATE (		6. AGE IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
-		Ma	le	Caucas	ian	Jan	30 1906	76	YRS		Mile.
4 98	31/		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CIT	Y OR COUN	TY OF DEATH	
in 7.	10	Co	nnecticut	U.S.A	Α.	WIDOWE		Montgor	ery Co	ounty,	MD.
s affers the filled	notified ()		ckville,	(IF NOT IN SU	HOSPITAL, NURSI OCH FACILITY, GIVE STREE C Valley	T ADDRESS)	or other institution	120. USUAL OCCU (TYPE OF WORK FOR M Newspape)	OST OF WORKING	LIFE) INDUSTRY Publis	F BUSINESS OR
24 hav	St. Per	130. S		ROTHER INSTITUTION NTY	13c. CITY OR TOV Potomac		13d. INSIDE CITY LIMITS? YES 🔀 NO 🗌	7709 Hack	ss camore	Drive	
E, MARYLA  uted within campletely 1 and 2 sh	150	114 FA	THER'S NAME FIRST  Alexander M	axwell	Blackbur	'n	Jean	MIDD	LE	Jouett	r
ST., BALTIMORE, striftcate be execut g physician and connected connected to the strip on the strip of the str	medical			RMED FORCES? VE WAR OR DATES)	166 SOCIAL SEC		17 INFORMANT Alexander M		Son)	see #	13
BALTI ote b	t, the		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse pe	er line for (a), (b), o	nd (c).)	7		<u> </u>		MATE INTERVAL ONSET AND DEATH
d ST., BAL certificate ng physici	even	1		TE CAUSE (o)	Ca	ce	non	12-1-	JA ESO	3-0	مده
STON eath ce trending	traumatic		Conditions, if ony, which	DUE TO, (	OR AS A CONSTOL	JENCE OF	Pan	run.	4	6	mo
that the death of the attending by the attending season remove carbon and the attending to the attending to the attendence to the attenden	ather		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, C	DR AS A CONSEOU	JENCE OF					
Pol Pol	ijury, o	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	BEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR C	ONDITION G	IVEN IN PART 16	1
he law re an. has been t permit. I	ou G	CERTIFICATION	190. DATE OF OPERATION	196 CONE	DITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN	OF DEATH?
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law require oftending physician.  Wher this certificate has been signs of the burds-training pennil. Then have discovered the property of the producer of the pr	frem 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY A.M. MONTH E	AY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF	INJURY IN ITEM 18	PART I OR PART 2)	
IVISION  VG PHYS  offendin  Ter this c	5	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC }	211. LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
00 9	21 is mo	ij	220.1 certify that (I) (this hasp sow the deceased alive or others, (I) (we) (d.d.) (d.d.)	5-1	1 19	82.0	no that in (my) (****) opinio	on death occurred on the	e date and hi		that (I) (we) lost couses stated
o ho o	LT: If her		22b. S CHATURE	Lou	a mp			MEDICAL DIRECTOR   PH	STAFF YSICIAN [	22 A/E	SIGNED
TO HOSPITAL OR ATTEN retoined by the hospital TO FUNERAL DIRECTOR should be deteched for un	MPORTANT		John S. Sai					Mill Road,	Rockvi	lle, Mar	ryland
- L	s <u>«</u>	230.	URIAL, CREMATION, REMOVAL SPECIFY)	1			EMETERY OR CREMATOR	CITY OR TOW		COUNTY	STATE
BP	-/ :		ellia C1 on INERAL DIRECTOR RObert	9/2/82 A Pum	phrey Fur		litan Cremat			Virginia STRAR'S SIGNAT	
DHMH-16 30M 2 (VRA 15, 4)	/80	Р.	A. Rockville.			iciai	TOTAL	SEP 7198	2/0	and (	shief

Total Land It . Land	anddole fieke mebes	
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ATE IN THE STREET OF STREET		Connecticet
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fusiple	ment for neutronic Effected	nebnassi f
Of tera (not) muddae	138 09 0077 - Alexandr H. E.	

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	/	4	•		

4 may be

executed within 24 haurs after death. Page

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	13	0		600	13	-
5	2	2	3	3	7	•

- STATE REGISTRAR		CERTIFICATE OF DEATH REG. NO								
I. DECEASED NAME			MIDDIE		IAST		20. DATE OF DEATH MONTH		26 HOUR	
0.054	MAX				LOCK		9	261982	1982 DB	
MALE	SEX 4 RACE		5. DATE C		H DAY YEAR		EARS LAST BIRTHDAY)	MONTHS DAYS	HOURS I	
		WHITE		DECE	MBER 18,1908	7	YRS			
WASHINGTON, DC MICITY OR TOWN OF DEATH SILVER SPRING		7b. CITIZEN OF WHAT COUNTRY?  U.S.A.  11. NAME OF HOSPITAL, NURSING HOLY CROSS HOS		SPITAL		9 BALTIMORE CITY OR COUNTY OF DEATH  MONTGOMERY COUNTY				
						128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) GROCER			12b. KIND OF BUSINESS INDUSTRY MERCHANT	
D. C.	VONE	TY	GIVE RESIDENCE BEFORE 134 CITY OR TOW WASHING	NON	13d. INSIDE CITY LIMITS?	13e STREET	ADDRESS HAMIL	TON STRE	ET, N.	
JOSEPH		AIDDIE	BLOCK		ROSA ROSE	ME	WIDDIE	BERR	ey .	
160 WAS DECEASED I	VER IN U.S. ARA	RMED FORCES? 166 SOCIAL SEC 177-03			17 INFORMANT 1120 PHAMIL BERTHA BLOCK, WASHINGTON			LTON STREET, N. N. D. C. 20011		
§ /C	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED									
210 ACCIDENT WA	S UNDERLYING CAUSE OF DEAL	21b. TIME O	F INJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	YES T	NO	TIFYING CAUSES YES [] B PART I OR PART 2)	NO [	
UF EITHER NOTIFY	MEDICAL EXAMINER)	P./	Μ.	19						
ALUITE N	CURRED	21e PLACE (	OF INJURY EET, FACTORY OFFICE F.	ARM ETC )	21E LOCATION STREET	2	CITY OR TOWN	COUNTY	STAT	
22a I certify the	t (I) (this hospiticeosed plive on e) (did) (did not	7/6	6 10	0/2	nd that in (my) (our) apinion o	deoth occurre	d on the date and h	, 19 2	rinat (1) (we)	
22h SIGHATURI	any	15	en	R	DEGREE ATTENDING PHYSICIAN	MEDICAL	STAFF  PHYSICIAN	290 ME	SIGNED 7	
PE PHYSICIAN	SNAME ITTING	7 B	NSK		21e ADDRESS FEN	DN	ST. Si	Sprin	g ly	
BURIAL CREMATI	ON, REMOVAL	23b. DATE 9/29/	1982 OH	EV SA	EVERN TARMUDRYT	ORAH CITY	TION OR TOWN UILD SHT NIGT	ONCOUNTY	D. C'AT	

TO HOSPITAL OR ATTENDING PHYSICIAN. The low etained by the hospital or attending physicion

DHMH - 16 50M 1/B1 (VRA 1S, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed within 72 hours after death

should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

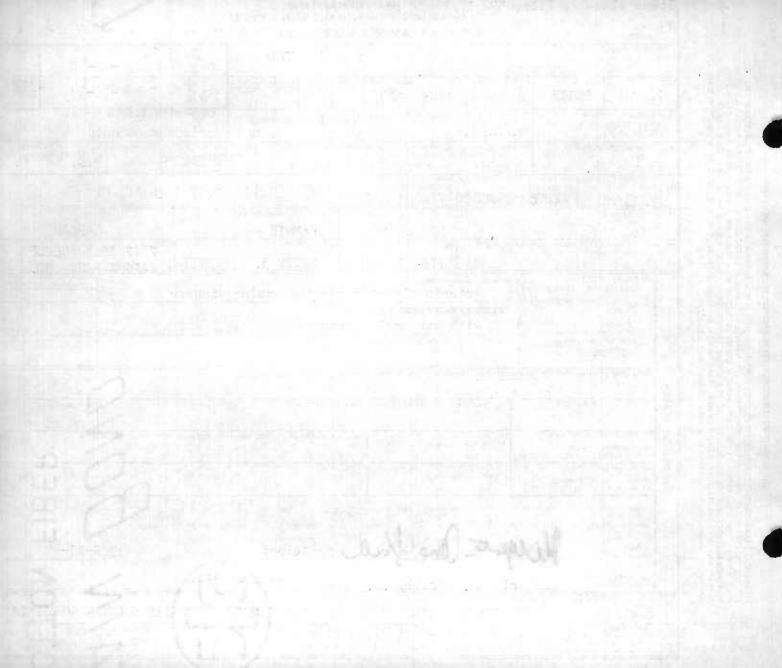
9/29/1982

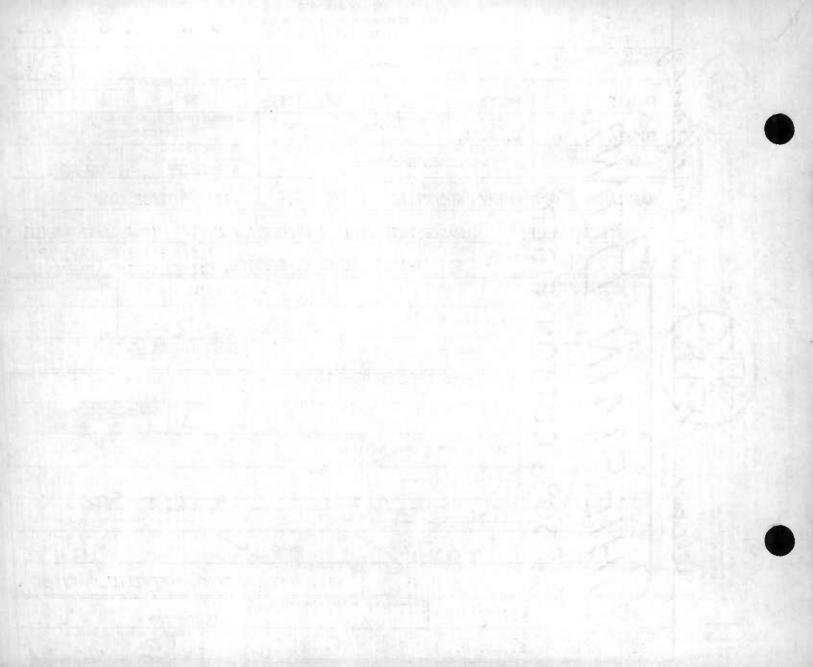
WASHINGTON,

v. c.

ON CEMETERY WASHINGTON, U. HOME ISS DAIL REGISTRAR 256 REGISTRAR'S SIGNATURE TONALDOM STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

1.	tems #löa-22a Fi FOR - STATE	lm G572 10/26 DEPAI		F MARYLAND LTH AND MENTA	L HYGIENE	2 3 9	9 4
	REGISTRAR DECEASED NAME FIRST	MEDICA		S CERTIFICAT		REG. NO.	AR Zb. HOUR
(TY	YPE OR PRINT)  GERT	RUDE	В.	BLUTSTE	IN OF E	STI- # 9-20-82,	M
STREET,	FEMALE WHITE	S. DATE OF BIRTH MONTH DAY MARCH 4, 19	6. AGE (IN YEARS IF LAST BIRTHDAY) M	ONTHS DAYS HOUR	DER 24 HRS. 20. DATE PRONOUNCE DEAD		9:35P
59 1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	U. S. A.	MA	ARRIED NEVER M	ARRIED 🔲	mery County of DEATH	4 AAD
7/ 10.0	Takoma Pk.	11. NAME OF HOSPITAL, I (HENOT IN SUCH FACILITY, GIV Wash I naton	VE STREET ADDRESS)		120. USUAL OCCUPAT	ION (TYPE OF WORK 12h KIND O	
USU	JAL RESIDENCE (IF IN NURSING HOME OF STATE 130 COUN PRINC	OR OTHER INSTITUTION, GIVE RESIDE TY E: GEORGES 136. C	NCE BEFORE ADMISSION) ITY OR TOWN AKOMA PARK	13d. INSIDE CITY LIMITYES NO		6th AVENUE	
7	FATHER'S NAME FIRST JACOB		RÁŸERMAN	15. MOTHER'S M FANNI	MIDDLI	KAPLA	٧
2 160.	WAS DECEASED EVER IN U.S. AR/ (YES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	16-03-2501	B HARRY	J. BLUTSTEIN	TAKOMA PARK	ENUE MD.
AL, CREMATION, OR REMOVAL  CATION  CATION	Conditions, if any, which gave rise to immediate cause (a) stoting the <u>underlying cause last</u> .  PART 2 OTHER SIGNIFICANT CONDITIONS	DUE TO, OR AS A C	subdural he		IN PART Y (a),		
	19a DATE OF OPERATION	196 CONDITION FO	DR WHICH OPERATION	N WAS PERFORMED?		20 AUTO	SY?
			TH DAY YEAR		JRRED (ENTER NATURE OF INJURY		
MEDICAL	WHILE NOT WHILE AT WORK	21e PLACE OF INJU STREET, FACTORY, FARI		STREET	CITY OR TOWN	COUNTY	STATE
	22a   certify that   taak charg death resulted fram: Notus	e of the remoins described o		Homicide TITLE (SPECIF	undetermined manner		00
ATH, WITH THE	ACTUAL SIGNATURE	myere (1)	ne your	Assista	nt MEDICAL EXAMINE	DATE 9-21-	82
FTER DEATH, WITH	EXAMINER'S NAME (TYPE OR PRINT) Mar		rell, M.D.	ADDRESS11	1 Penn Street	R SIGNED -21-	82
AFTER DEATH BALTIMORE, 1907	EXAMINER'S NAME	9/23/1982 23	KING DAVID	_address11 Y OR CREMATORY MEMORIAL	1 Penn Street  1 Penn Street  1 Penn Street  GARDEN FA		RĞÎNIA





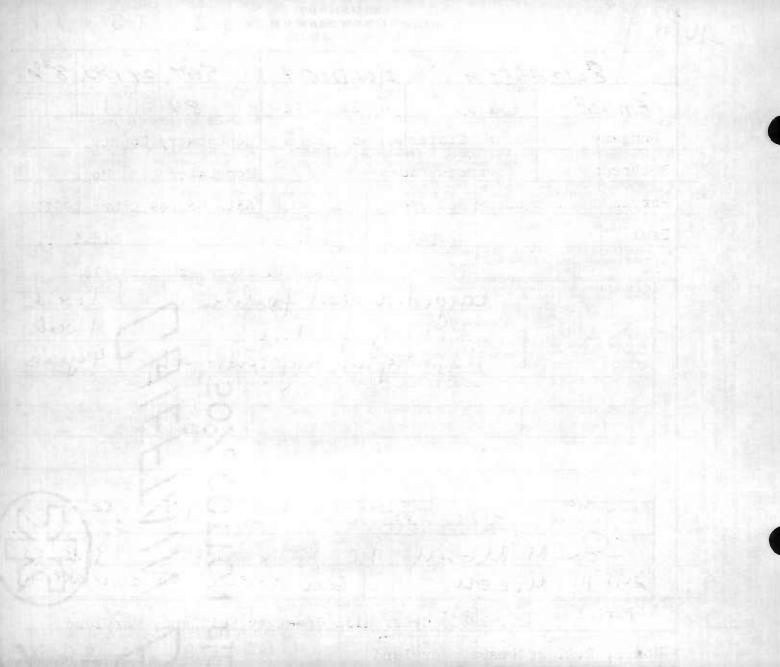
DEPARTMENT OF HEALTH AND MENTAL HYGRENE

FOR

- STATE

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DIVISION OF VITAL RECORDS,



MEDERAL SERVICES CONTROL and the source 0.[7.0] THE PROPERTY CONTRACTOR OF THE PROPERTY OF .810 .... righted of conour ilver rice a 150 to inches to. smer consider strong estimate our consider erection Sect. 16,192 es mourlan. Westington, n.t. 900 ... The state of the s

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH Zb. HOUR (TYPE OR PRINT) 1982 Brings Sept. 5. PM Dr. Elizabeth G. 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS April 22. 1905 Female White 70. BIRTHPLACE ISTATE OR FOREIGN L CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** COUNTRY MARRIED NEVER MARRIED ISA Austria WIDOWED DIVORCED Montgomery IO. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
11616 Danville Drive (TYPE OF WORK FOR MOST OF WORKING LIFE)
Physician Own Practice Rockville BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13n STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS La Vale Allegany 605 National Highway Maryland YES T 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Edmund Waldstein Paula Weiner Ma WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) 214-46-3152 Marlene E. Haffner M.D.Rockville. Md. no APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY RESPIRATOR IMMEDIATE CAUSE to PRESTON DUE TO, OR AS A CONSEQUENCE OF PNEUMONIA PIRAT Canditions, if ony, which gave rise to immediate (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 0158 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED bri IN CERTIFYING CAUSES OF DEATH? YES Hygier NOTA NO T 71a ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED ō 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased from 🙎 🗻 , and that in (my) (aur) opinion death occurred on the date and hour and from the couses stated saw the deceased alive one TUC 2/ abave, (I) (we) (did) (did not) view the bady after death 226 SIONATURE DEGREE 22c. DATE SIGNED \* ATTENDING MEDICAL be deta e State [ FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS should be with the S 0 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF EMETERY OR CREMATORY (SPECIFY) Hillcrest Burial Park Cumberland, Allegany Burial 24. FUNERAL DIRECTOR DHMH-16 60M 1/73 James F. Scarpelli, Cumberland, Md. (VR A 15 (4))

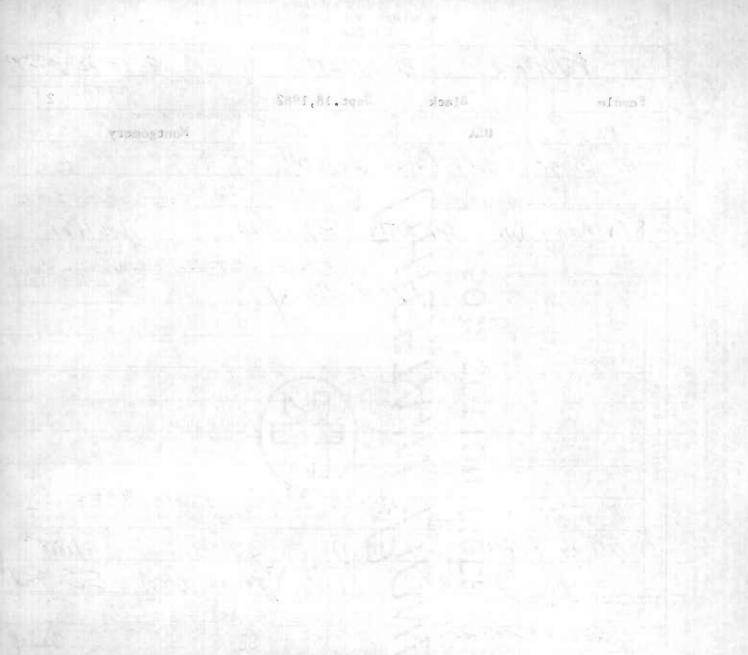
Mark 15 William er Linchett G. Willy evice ellimo 3641 e fivioni called thought bentural Toute nine might would be a controlled the second of the second secon .n., "sīteriu, ilianas .luma.

Warner E. Pumphrey, Inc. Sil. Spr., Md

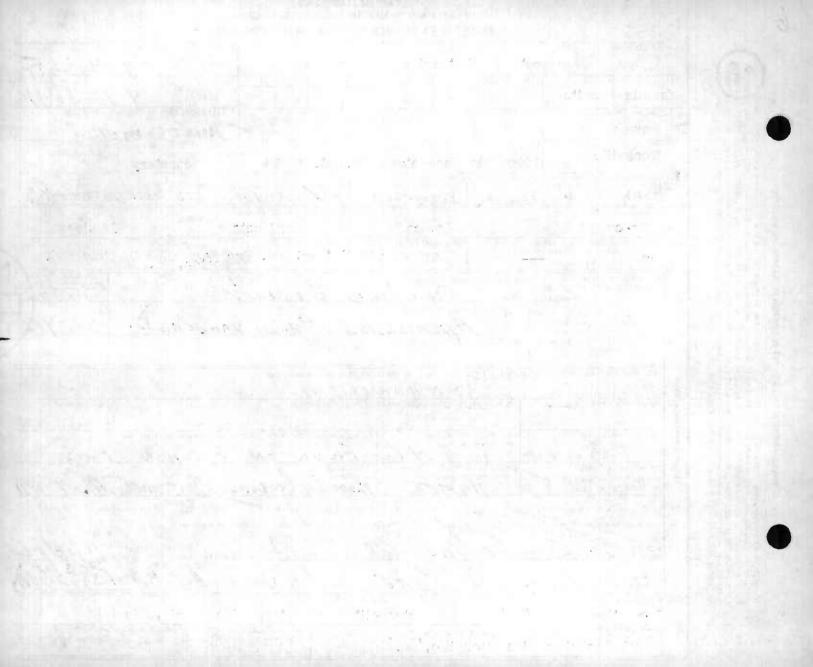
FOR - STATE

(VR A 15 (4))

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔏



6		FOR STATE					MARYLAND I AND MENTA CERTIFICATI		2 6	. 2	40	0 2
(ma)	1. DE	REGISTRAR CEASED NAMI E OR PRINT)	First Marg		MIDDLE Catherin		Brosseau	2	REG  O. DATE KNOWN  OF ESTI-  DEATH MATED	-/-	14 <sub>19</sub> 8	R 26. HOUR
	1	emale	4. RACE White	5. DATE OF BIRTH	YEAR LAS	E (IN YEARS IF UN T BIRTHDAY) MONT O YRS.		S MIN P	c. DATE RONOUNCED DEAD	MONTH	16 198	2 4 PM
NECESS, FUNERAL 5 FOR V. WITHIN W. PREST	FC	RTHPLACE (S' REIGN COUNTRY) Nevada	a	76. CITIZEN OF WHA		WIDOW		ORCED	MONT	Gang	ERY	MD.
LAY IS O THE PAGE E FILED		Rockvi	ille	11. NAME OF HOSP (IF NOT IN SUCH FACE 12000 Old	George	town Rd		FOR MI	AL OCCUPATION OST OF WORKING LIFE) Secr		12b. KIND OF OR INDU	BUSINESS
21201 IF ANY DE AND 3 T SHOULD B SHOULD B	13a. S	TATE	MES.	- Marie	13 <sub>5.</sub> CITY OR TO	ADMISSION)	13d. INSIDE CITY LIMIT YES NO	0 /20	ET ADDRESS	GEORG	ietow	n Rs
ORE, MD. 2 R DEATH. II AGES 1, 2, 3, 8RM PM 3, 1 AND 2 SI I ONITAL		ROSE	uda D EVER IN U.S. AR	WIDDLE	Gome:		15. MOTHER'S M. FIRST E 17. INFORMANT	nriqueta	MIDDLE		Ramire	z
BALTIMORE, URS AFTER DE B. GIVE PAGE: WITH FORM PRAGES 1 AN PRAGES 1 AN DIVISION OF	(Y	es, no, or unkno	(IF YES, GIVE	WAR OR DATES)	549	42 7296		e l. Br			ndolph I	Rd.
DS, 301 W. PRESTON ST. XECUTED WITHIN 24 HG G". IN PENCIL IN ITEM 1 CAL EXAMINER ALONG BURIAL-TRANSIT PERMI AND MENTAL HYGIENE, ON, OR REMOVAL.		Condition gove ris cause (o) lying cou	ns, if ony, which se to immediate stating the <u>under-</u> use last.	DUE TO, OR A	AS A CONSEQUENT OF A CONSEQUEN	ENCE OF	CA,		BELVER	n Dis	3-s	VTE -YVS
AL RECORI OULD BE E D "PENDIN HIEF MEDIN USED AS A SF HEALTH	IFICATION		OPERATION		ETH	ANOL	AS PERFORMED?	IN PARI T (0).			2D. AUTOP:	
VISION OF VITA VISION OF VITA ERTIFICATE SHO ED TO THE CHI ED TO THE CHI ES ASHOULD BE US ES SERVIMENT OF RIOR TO BURAL,	MEDICAL CERTIFICATION	UNDERLYING	NG CAUSE OF		MONTH DAY	YEAR 19 L	OW INJURY OCCU	O N	ATURE OF INJURY IN ITE	M 1B PART 1 OR P.		
E, WERWAR	ME	WHILE AT WORK	NOT WHILE E	STREET, FACTO	CIME	13	500 OK) (	raciara	CITY OR TOWN	7450	ounty Man	7-1/1
EXAMINER CERTIFICAT SULD BE FO 1 DIRECTOR 1, WITH THE WARYLAND,		deoth result		ge of the remoins described	Accident ,	d on Autop Suicide	Homicide TITLE SPECIFY	1Cx	rmined manner	ond in my o	9/1	WEL
TO MEDICAL EXECUTE THE EXECUTE THE TO AGGE 4 SHG AFTER DEATH AFTER DEATH BALTIMORE, /	_	EXAMINER'S (TYPE OR PRI	NT)	mus C	MA	né	ADDRESS \$200	Word	nutro	Bar	4550	14mi
BP	(	Cremat		9/17/82	Me		an Crema		Alexandria REGISTRAR (254)			STATE
DHMH - 17 (VR A15 ME (5)) 30M 7/73	29. 1	NAME TVS 1331	on Wheel Rockville	er Funenal Pike Rocl	Home, l kville, M	nc. d.20852	S S	SEP 21	1982	and	Cahrel	K



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leichman 3313 oss 21., Fei	H ginia I.	237-18-2029

Cremtion 9/27/1952 Coder Hill Promatory until nd Heryland, Joseph avlent Boo.

				STATE OF MARTLAND		
	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 REG. NO.	24004
-		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	OAY YEAR 2b. HOUR
1		ANN	S	BRUNETT	SEPTEMBER 2	1982 6.400
)	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HAS MONTHS DAYS HOURS MIN.
6		female	white	8 31 34	/17 YRS	MORTHS DATS HOURS MIN.
Y,		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
1		WASH, D.C.	United States	WIDOWED DIVORCED	MONTGOMERY	MD.
9	10. €	OLNEY	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET MONTGOMERY GF		120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING  Homemaker	12b. KIND OF BUSINESS OR INDUSTRY Home
-	USU	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION. GIVE RESIDENCE BEFOR	E ADMISSION)		
)		ryland Montg	gomery Rockvil		12 Williams	C+
7		THER'S NAME	MOCKVII	15 MOTHER'S MAIDEN NA	AME	
1		John	G. Stone	Helen	WIDDLE	Ramey
		VAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SECT		ADDRESS	Maryland 20850
	- (		VE WAR OR DATES) 222-20-13	386 Albert A Bri	unett, 12 William	•
			nly one couse per line for (o), (b), or		direct 12 William	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE	D BY:	carcinoma of a	olon	18 me
		153 GIMMEDIA	TE CAUSE (U)			
		Conditions, if ony, which	DUE TO, OR AS A CONSEOU	ENCE OF		
		gave rise to immediate cause (a), stating the	(0)			
		underlying cause lost.	DUE TO, OR AS A CONSEOU	ENCE OF		
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
	NO	Brain an	A lune me	hstring		
0	AT	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
1	Ę					TIFYING CAUSES OF DEATH?
1	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 1	
1		OR CONTRIBUTING CAUSE OF DE	AIR	AY YEAR		
	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		COUNTY
	W	WHILE NOT WHILE AT WORK	(AT HOME, STREET FACTORY OFFICE,	FARM ETC ) STREET	CITY OR TOWN	COUNTY STATE
			attended the deceased from_	ALL 1081	10 2 Start	19 82 that (I) (Wet last
		sow the deceased alive or	2 Feat 19	82, and that in (my) (our) apinion	n death occurred on the date and h	
		obove, (I) ( <del>we) (did</del> ) (did no 22h SIGNATURE	of view the body after death.	DEGREE		22c, DATE SIGNED
		Double	5. Ollow md	M.D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	3 Fept 82
		224. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS		
1		DONALD E. DII	The state of the s	P .	Phillip Dr., 01	ney, MD 20832
	230.	surial, cremation, removal specify) Burial	peptember /.	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	county state
		JNERAL DIRECTOR	Rockvi1	le. MD 20850 250. DA	ATE REC'D. BY REGISTRAR 256. (E.C.)	
	Ro	pert A. Pumphre	y Funeral Homes,	P.A. 5	EP 91982 Ju	m De mund

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- STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	H DAY YEAR	26 HOUR
MARJORIE	GORDON BUCHANA	AN	SEPTEMBER 1 1	982	2:03 pm
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 HRS
FEMALE	CAUCASIAN	JANUARY 10 1901	81	MONTHS DAYS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
DISTRICT OF COLU	UMBIA UNITED STAT		MONTGOMERY		MD
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	ING USE INDUSTRY	F BUSINESS OR
BETHESDA	NAVAL HOSPITAL		HOUSEWIFE	INDOSTRI	Home
130 STATE 136 OU	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	VN 13d INSIDECITY HAITS?	13e STREET ADDRESS		
DISTRICT OF COLI	UMBIA Washin	gton YES NO NO	3900 WATSON F	LACE. NW	
14. FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAS	
ROBERT BOLLING	BROWN	SARA ANISE		LAS	
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU		ADDRESS	A TAIL TO S	
NO	579-60-	4243 ANN B. REGAN.	9600 FERRY HA	RBOR COUR	Т
18 CAUSE OF DEATH (Enter of	anly ane cause per line for (a), (b), ar			APPROXI	MATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS CAUS	ATE CAUSE (a) CARDIOGE	MIC SHOCK			Mary 12
1833	DUE TO, OR AS A CONSEQU	ENCE OF			
Canditions, if any, which	(b)				
gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF			7.4-7.44
underlying cause last.	(c)				
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	N GIVEN IN PART 110	
190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDIN ERTIFYING CAUSES YES X7	

HE EITHER, NOTHY MEDICAL EXAMINER 21d INJURY OCCURRED

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH

saw the deceased plive on SEPTEMBER 1 abave, (1) (we) (did) (did not) view the bady after death

P.M

22a.1 certify that (1) (this haspital) attended the deceased from SEPTEMBER

AT HOME STREET, FACTORY, OFFICE, FARM, ETC I

HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY

LT, MC, USM

211. LOCATION

22e ADDRESS

CITY OR TOWN SEPTEMBER

COUNTY

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 25EPT 82

STATE

ı	1000		"	
ı	224 PHYSICI	AN'S NA	AAAE /IVDE	OR BRINE

NOT WHILE

USNR

NAVAL HOSPITAL, BETHESDA, MD 20814

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

	MICHAEL	VANNESS	LT.	MC.	USI
23a	BURIAL, CREMATIC	ON, REMOVAL	236 DATE		1

23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory

CITY OR TOWN Suitland

DIRECTOR | PHYSICIAN

BP

DHMH - 16 50M 1/B1 (VRA 15, 4)

and Mental Hygiene prior to bu marked ar Hem 18 shaws any

MPORTANT: If Item 21 is

with the State Dept.

Cremation 9/3/1982 Cedar : 24 FUNERAL DIRECTOR Joseph Gawler's Sons Inc. 5130 Wisc. Ave., N.W. Wash., D. C.

de de la companya de You tion 9/5/19/2 some Will rest tory out in survival. 

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) Burdette Doroth 3 SEX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER LYFAR MONTH DAY YEAR White Female 1912 70 May BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED Montgomery Maryland USA WIDOWED NORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE Olney Montgomery General Hospital INDUSTRY Education Teacher WSUAL RESIDENCE (IF NURSING HOME ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION INTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Montg. Damascus 25710 Ridge Road NO F 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME C MIDDLE Sallie Purdum Archie Souder 160 WAS DECEASED EVER IN U.S. ARMED FORCES? medica 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS I IF YES GIVE WAR OR OATEST 219-36-8392 Item 13 Roger W. Burdette, Jr. No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: PRESTON ST., DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES NO [ Sh 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. ò 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a. I certify that (I) (this hospital) attended the deceased from 19 8 2 , and that in (my) ( our opinion death occurred on the date and haur and from the causes stated sow the deceosed plive on\_ obove, (1) (me) (did) (did) DEGREE 22c. DATE SIGNED mE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS llon, m.D. 18111 230 BURIAL, CREMATION, REMOVAL 73h DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial COUNTY BP 9/10/82 Damascus Cemetery Damascus Monta. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4) Olin L. Molesworth, P.A., Damascus, Md.

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19	SPEER	3. SE.	RACE	5. DATE OF BIRTH	6. AGE (IN)		ER 1 YR. IF UNDER		MONTO	DAY YEA	R MOOUI
1	是 作品 )	1	MW	MONTH DAY	29 LAST BIRTHDA		DAYS HOURS	MIN PRONOUNCE DEAD	(Pest	1 4 10 A	,000
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	BER S	1	FLORIDA	u.s		WIDOWED	DIVORCE	- 1	onto	onecr	y MD
	SESE S	170. C	TY OR TOWN OF DEATH	11. NAME OF HOS	SPITAL, NURSING HOME	, OR OTHER	INSTITUTION	12a. USUAL OCCUPAT	ON (TYPE OF YORK	12b KIND OF I	BUSINESS
	Boa May	USU	AL RESIDENCE (IF IN TURSUAC HOME O	P OTHER INSTITUTION O	IVE RESIDENCE BEFORE ADMISSIO	550	14 8.V.B	PRESIDENT		MARKETI	NGCO.
. 21201	PAN	130. S	TATE 1 COUNT	Lond.	13c. CITY OR TOWN	130	YES NO DE	130. STREET ADDRESS	Valle	ywolo	1100
W	H W S	14. F.	ATHER'S NAME FIRST	MIDDLE	LAST	0 15	5. MOTHER'S MAIDE	N NAME MIDDI	E	LAST	
ORE	O S S S S S S S S S S S S S S S S S S S	14- 1	RAYMOND VAS DECEASED EVER IN U.S. ARA	0.	BUSHNELL	1110	PERME				
WIL	E SE SE	100. (Y	ES, NO OR UNKNOWN) (IF YES, GIVE I	WAR OR DATES)	16b. SOCIAL SECURITY		7. INFORMANT		3123 VAI		DR.
A A	WITH DIVIS		1 1 1 1 1 1	-1953	266-36-238	8 HL	IZABETH J	. BUSHNELL	_SUHEATO		ATE INTERVAL
IST			PART I DE ATH WAS CAUSED	BY:	( for (a), (b), and (c).)	-, 1	1-1121.	1-1:-1	171.50	BETWEENON	SET AND DEATH
PRESTON ST	A LOPE		4291 IMMEDIAT	DUE FO, OR	AS A CONSEQUENCE C	)F	7002	7410	714		
84	THIIN YER YER YER YER YER		Conditions, if any, which gave rise to immediate	· (b)							
201 W.	PEN WENT	P	couse (a) stating the under- lying couse lost.		AS A CONSEQUENCE C	)F					
20	XECUTE VG" IN CAL EX- BURIAL AND M			(c)							3
DIVISION OF VITAL RECORDS,	m = S < T >	,	PART 2 DTNER SIGNIFICANT CONDITIONS		BUT NOT RELATED TO THE TERMI	NAL DISEASE OR	R CONDITION GIVEN IN PAR	T 1 (a).			
ECC		CERTIFICATION	190. DATE OF OPERATION	Le cours	TION FOR WHICH OPER	AT104114445	. DEDE O				24
IAL	58 I S P S	FICA	Mon	AL. CONDI	TION FOR WHICH OPER	ATION WAS	S PERFORMED?			20 AUTOPS	
Ž.	20 B B B -	E	210 EXTERNAL CAUSE WAS	21b. TIME OI	FINJURY	21c. HOW	V INJURY OCCURRED	(ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR P	YES	NO DE
ON	EFONES →		UNDERLYING OR	HOUR A.M	. MONTH DAY YEAR						
/ISIO	ERTI NG ING T SH PRICE	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME,	21f LOCA					N .
ā	ARR ARR	×	WHILE NOT WHILE AT WORK	STREET, PAC	TORY, FARM, ETC.)	STRE	tt i	CITY OR TOWN	C	YIMUC	STATE
	W 5. W		220 I certify that I took charge	e of the remains des	cribed abave, held on	Autopsy	. Inspection	Inquiry [	] and in my o	nomian	
	MANER: FECATI BE FOR CTOR: HTHE		death resulted from: Natur	off courses Dr.	Accident , Sui	cide ,	Hamicide .	Undetermined manne			
	DIRE WITH		10TH /	5 1			TITLE (SPECIFY)			Carl	1
	ATHE ATH		SIGNATIME /	1	Soper	M.D.	Depr	MEDICAL EXAMINI	R SIGN	ED ST	41982
	WO WO	1	MAMINER'S NAME JOHN	S. ROGER	es -		0				
	TO MEDICAL EXAMI EXECUTE THE CERTIFIE PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH BAILTIMORE, MARYLU	73n B	(TYPE OR PRINT)	Th DATE	23c. NAME OF CEM		DRESS	Issa LOCATION			
	BP	(1	JRIAL, CREMATION, REMOVAL 2: PECIFY) CREMATION	9-5-82	METROPOL			23d. LOCATION CITY OR TOWN			STATE
	DHMH - 17	24 F	INFRAL DIRECTOR	E00 11112		D. WE		EC'D. BY REGISTRAR	A FAIRE	SIGNATURE	4
	(VR A15 ME (5) ) 15M 2/80	KA	NCIS J. COLLINS		R SPRING. N		SEI	101982	John	2. Car.	10
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FLORIDA

DESTORT "INTILION."

SUSUYELL PETELLIA

TRIES LALLEWYOR F.

266-36-2558 TLTCARTH J. BUSHPELL SCHURON IN

JOHN S. ROBERS

CREMATION 9-5-62 METROPOLITAN CREH. HOANCRS J. COLLINS 500 UNIVERSITY REVE. CEST SILVER SPRING, ID.

ALEXAMETA FAIREAX W

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO[] 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) CITY OR TOWN and that in (my) (our) apinion death accurred on the date and hour and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN NAVAL HOSPITAL, BETHESDA, MARYLAND 23c NAME OF CEMETERY OR CREMATORY 9/14/1982 Arlington National Com. Arlington 24 FUNERAL DIRECTOR JOSEPH GAVLET'S Sens Inc. DHMH - 16 50M 1/B1 5130 Misc. Ave. N.W. Wash. D.C. (VRA 15, 4)

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b HOUR

126. KIND OF BUSINESS OR U.S. Navy

LAST

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7:20

IF UNDER 24 HRS

COUNTY

22c. DATE SIGNED

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-OF **BRUCE** Edward DEATH MATED Capet 12 19 82 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 2:08P NOV.11,1947 MALE WHITE 34 DEAD 12 1982 XX 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WASH., DC USA Montgomery County, DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY NONE NONE Silver Spring Holy Cross Hospital 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS FLORIDA LAUDERDALE LAKESES 3990 N.W. 42ND AVE. #33319 NO [ 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE ALBERT CAPET BERG **GERTRUDE** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT GOLDSTEINS AMEMORIAL CHAPEL (IF YES, GIVE WAR OR DATES) NO 6410 N.BROAD ST. PHILA., PA NONE 19126 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY CREMATION, OR REMOVAL. Aspiration of bolus of food IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A I CERTIFICATION ICATE, WRITING THE WORD "PER E FORWARDED TO THE CHIEF M TAOR, PAGE 3 SHOULD BE USED A THE STATE DEPARIMENT OF HEA AND [2] 201 PRIGR TO BURIAL, C 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO [ 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOOR 12:50xx 9 CONTRIBUTING CAUSE OF DEATH 12 19 82 Choked on bolus of food 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 71L LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYDAND 21201 P STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK Great Oaks Center MD.I 22a. I certify that I took charge of the rai aim described abave, held an Autopsy and in my apinian death resulted frame Natural couses Hamicide Undetermined manner TITLE (SPECIFY) DATE Deputy Chiefedical EXAMINER 9/13/82 SIGNATURE Thomas D. Smith, M.D. EXAMINER'S NAME III Penn St. Balto., MD. 230 BURIAL, CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE REMOVAL/BURIAL SEPT.15,1982 HAR ZION COLLINGDALE PA BP 24 FUNERAL DIRECTOR 6010 REISTERSTOWN RD. BALTO., MD DHMH - 17 (VR A15 ME (5))

20M 4/82

1331 Rockville Pike Rockville, Md. 20 352

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

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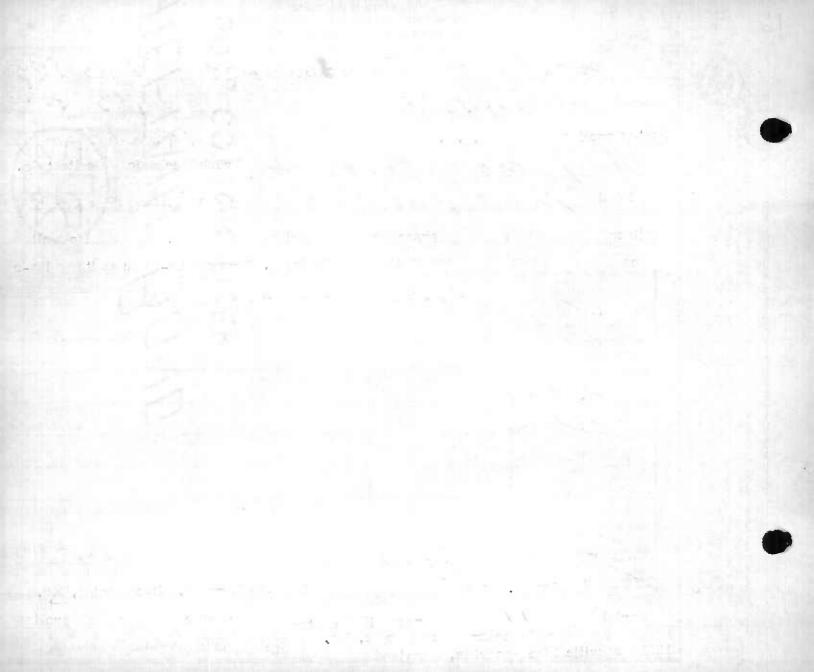
	FOR STATE REGISTRAR				MENT OF I	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	REG. N			14
	CEASED NAME OR PRINT)	ANITA		ZERING		RLSEN	26. DATE OF DEATH SEPTEM	BER 18	1982	26. HOUR 19:27a
3. SE	FEMAL	E	4 RACE CAUCA	SIAN	JANU	TARY 5 1907	6. AGE (IN YEARS LAST BIR	THDAY) IF U	INDER I YEAR	IF UNDER 24 HRS
	NEW JER			OF WHAT COUNTRY?	8 MARRIE WIDOWI	D NEVER MARRIED DED TO DIVORCED	9 BALTIMORE CITY O MONTGOME		DEATH	MI
В	TY OR TOWN OF ETHESDA		NAVAL	HOSPITAL,	NNMC	DR OTHER INSTITUTION	12a USUAL OCCUPATI ITYPE OF WORK FOR MOST O HOUSEWIF		INDUSTRY	one
13a. S	AL RESIDENCE (# STATE LORIDA	NII COU	OTHER INSTITUT NTY ROE	13c CITY OR IOW KEY WES		13d. INSIDE CITY LIMITS? YES 🌇 NO 🗌	13e. STREET ADDRESS 2811 HARR	IS AVEN	IUE	Hip
10000	RANK		WIDDLE	ZERING		ANNE ANNE	BARBARA		косні	
	VAS DECEASED E VES NO OR UNKNOWN NO		E WAR OR DATES			17 INFORMANT ELEANOR CARI	LSEN MOSER H	006 STA	UNTON	N ROAD V.VA.257
z		immediate lating the ause last	(c)	, OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM		DITION GIVEN	IN PART 10	a ·
CERTIFICATION	19a DATE OF OPI	ERATION	196 CO	NDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NOX	206. IF YES, WIN CERTIFYIN	ERE FINDING CAUSES	NGS USED OF DEATH?
MEDICAL CER	21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY 21d. INJURY OCC	CAUSE OF DE	HOUR	E OF INJURY  A.M. MONTH DA  P.M.  CE OF INJURY	AY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUS	RY IN ITEM 18 PART	OR PART 2)	
MEI	WMILE NO	WHILE WORK	(AT HOME	STREET, FACTORY, OFFICE, F		STREET	city or to		COUNTY	STATE
	saw the dec	eased alive an	18 SEI	the deceased fram PTEMBER 19		nd that in (my) (aur) opinian	, to	. 19_	d fram the	
	226 SIGNATURE	hend	h-	ann			MEDICAL STAR	F IAN 💽	22c. DATE 18 SI	SIGNED EP 82
	22d. PHYSICIAN'			LCDR, MC,	USNR	NAVAL MEDICAL CEN	HOSPITAL, 1 TER, BETHÉSI	NATIONA DA, MAR	L NAVA	AL 20814
- (	SPECIFY)					EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		OUNTY	STATE

DHMH - 16 50M 1/81 (VRA 15, 4) The funeral director ADDRESS STATES Funeral Home Silver Spring, Maryland

SEP 2 1 1986

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16		1-	FOR STATE		DEPARTMENT OF		MENTAL HYG	() 6-	240	1 5
17		- 190	REGISTRAR	MEI	MIDDLE		FICATE OF D	EATH REG	. NO.	
2	SACTOR!	{TY	PE OR PRINT) Wes		Irl C	2150.0	a dolor	20. DATE KNOWN OF ESTI- DEATH MATED	0 11	YEAR 13 HOUR
	a Feb	3. SE	note Usice	5. DAJE OF BIRTH	YEAR 6. AGE (IN Y	PAY) MONTHS DAY			EN 8, 3	YEAR 20HOUR
	ECESSA JUNERAL FOR Y WITHIIN PREST	FC	IRTHPLACE (STATE OR DREIGN COUNTRY)  orth Carolina	76. CITIZEN OF WE	IAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED [	9. BALTIMORE CIT	Y OR COUNTY O	
	FLAY S. PAGE S	10. C	Olney	11 NAME OF HOS	PITAL, NURSING HOM CHITY, VIVE STREET APPRESS)	E, OR OTHER INST		USUAT OCCUPATION TRUCK Mech	anic Se	KIND OF BUSINESS OR INDUSTRY Paltest Co.
. 21201	AND 3 AND 3 RETAIN RECORD	130. 5	AL RESIDENCE (IF IN MASSING HOME OF TATE 136 COUN		13c. CITY OR TOWN			STREET ADDRESS /	3, K/z	2dbr
E, MD	S 1, 2, PM 3.	14. F.	ATHER'S NAME	MIDDLE	LAST		THER'S MAIDEN NA	AME		LAST
MOR	PAGES 1	160.	WAS DECEASED EVER IN U.S. AR	MED FORCES?	Carscadd		Ovia Ormani	J. ADDR	ESS B	lackwell
ALTI	JRS AFTER DE 8. GIVE PAGE WITH FORM T. PAGES 1'AI DIVISION OF			WAR OR DATES)	237 26 408	3 Jan	nice D. Ca	arscaddon =	Same as i	tems 13a-e
PRESTON ST., BALTIMORE, MD.	24 HOURS ITEM 18. ( ONG WI PERMIT. I SIENE, DI		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ly one couse per line D BY:	1 1	MV	O CAN	1.11	8	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
NOTS	IN 24 HOU IN ITEM 18 2 ALONG SSIT PERMI HYGIENE, MOVAL.		429 MMEDIA	TE CAUSE (o) DUE TO, OR	AS A CONSEQUENCE	OF	000	2/2//		
	WITHIN 24 PENCIL IN ITEM MINER ALON TRANSIT PER ENTAL HYGIEI OR REMOVAI	-	Conditions, if any, which gave rise to immediate							
201 W			cause (a) stating the <u>under</u> - lying cause last.	DUETO, OR	AS A CONSEQUENCE	OF				
ORDS	HESEL	z	PART 2 DTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	RUT NOT RELATED TO THE TERA	AINAL DISEASE OR COND	ITION GIVEN IN PART 1 II			
LREC	국원교육보기	ATIO	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPER	RATION WAS PERF	ORMED?		20	AUTOPSY?
VITA	SHOULD SH	Ĕ	100	ne					3	YES NO H
DIVISION OF VITAL RECORDS, 201 W.	CERTIFICATE SHOW STITING THE WORD TO THE CHIE E 3 SHOULD BE US E DEPARTMENT OF THE CHIE CONTROL TO BURKAN	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YEA	R 21c. HOW INJU	JRY OCCURRED (EN	ITER NATURE OF INJURY IN ITEA	A 18 PART 1 OR PART 2)	
DIVIS	THIS CERTIFIC WARDED TO PAGE 3 SHOL TATE DEPART 21201 PRIOR	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C STREET, FACT	OF INJURY (AT HOME ORY, FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	ME S. HE S.		22a I certify that I took charg	[32]		Autopsy .	Inspection	, , _ ,	ond in my opinior	1
	EXAMINER: CERTIFICATION BE FOR L DIRECTOR: 4, WITH THE		death resulted from: Notus	ral couses	Accident		omicide  Un E (SPECIFY)	determined manner		1 2:00
	SEKZEW →		SIGNATURE	20	Coque	M.D. 2		MEDICAL EXAMINER	DATE SIGNED	p 0.31982
	TO MEDIC EXECUTE PAGE 4 S TO FUNE AFTER DE BALTIMO	1	SAMTNER'S NAME JO!	n S. Roge	70	400000	1010 Com:	pd G:	1 0	7.5
	PAT	23a.B	UPIAL CREMATION REMOVAL		23c. NAME OF CE	METERY OR CREM.	ATORY 23d	nary Rd. Si LOCATION CITY OF TOWN	COMMIN	North.
	BP	24.5	Burial	9/7/82	Green I	lill Ceme	tory		Buncombe	Carolina
	DHMH - 17 (VR A15 ME (5))	1 5	UNERAL DIRECTOR TYSON	wheekers.	Funeral Hor	ne, Inc.	SEP 9	1982 A	EGISTRAR'S SIGN	hull
	15M 2/80		331 Rockville Pik	e Kockvill	e, Marylan	1	1			4 -



(VRA 15, 4)

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## STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CERTIFI	CATE OF DEATH	REG. N	(E 100		
		CEASED NAME FIRST	MIDI	DLE	L	151		MONTH DAY	YEAR	2b. HOUR
			zie	HERE	Car		Sept. 26		HE H	5:15pm ~
	3_ SE		1 RACE		5. DATE O		6 AGE (IN YEARS LAST BE	RTHDAY) IF UN	DER I YEAR	HOURS MIN.
2	1 0	Female	Black		June	12, 1884 EAR	98 yrs	YRS	1/	
//	/o. B	(STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WE	AT COUNTRY?	MARRIED WIDOWEI	NEVER MARRIED X	9 BALTIMORE CITY O		)EATH	MD
8	S	ilver Spring	Holy Cro	SS HOSP	ita1	R OTHER INSTITUTION ER	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Retired	DE WORKING LIFE) IN	Th. KIND ONDUSTRY	F BUSINESS OR
35	Ma	AL RESIDENCE (IF NURSING HOME STATE ryland	P.G.	E RESIDENCE BEFORE C. CITY OR TOWN TIMONT	Hts.	13d. INSIDE CITY LIMITS? YES X NO	906 60th	Avenue		
60	DO:	OUIS	WIDDLE	arter		15. MOTHER'S MAIDEN NAM  Louvinia		(Ur	nkno	wn)
2		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 16	SOCIAL SECUP	RITY NO.	17 INFORMANT	ADDR	ESS		
9		No	<	MKNOWH		Emma James	-Same as	# 13 al	bove	
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause per line	e for (a), (b), and	(c)		4		APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
ž.			ATE CAUSE (o)	Cord	a a	wimonary.	arrest			
di l			DUE TO, OR A	ASONSEQUE	NCEOF	~ /		TIES OF		
1001		Conditions, if ony, which	(b)	Kossi	eld	Sonsis				
9	3	gove rise to immediate cause (a), stating the	DUE TO, OR A	S A CONSEQUE	NCE OF	VTA >			E 13	
		underlying cause last.	(c) -	COSOA	AF	Nelson Da	read			
0.76		PART 2. OTHER SIGNIFICAN	CONDITIONS CON	TRIBUTING TO D	EATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 1(a	1
É	ő	Loro		tany.	Dree	ise				
2	CERTIFICATION	190 DATE OF OPERATION	196. CONDITIO	ON FOR WHICH (	OPERATION	WAS PERFORMED	20a AUTOPSY?	206. IF YES, WEI IN CERTIFYING YES		
12	GE	210. ACCIDENT WAS UNDERLYING	21b. TIME OF IN	NJURY MONTH DA	V VEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 C	OR PART 2)	
7	CAL	OR CONTRIBUTING CAUSE OF D	CAIN		19					
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF	INJURY FACTORY OFFICE FA	Day STE	2H. LOCATION	CITY OR TO	WN C	OUNTY	STATE
	ž	WHILE DIEK NOT WHILE	THE STREET	TACTORT OFFICE FA	RM EIC J					31416
		22a 1 certify that (1) (this has			26	1982	_, to 26 3	19_	82,	that (1) (we) last
		sow the decement pine of	view the body after		, one	that in (my) (aur) opinian d	leath occurred an the d	ate and hour and	from the o	causes stated
į.		276 SIGNAPORE	5		D	EGREE		/ 1	22c. DATE S	SIGNED
		1000	ont		M	ATTENDING PHYSICIAN	MEDICAL STA		26 Ja	082
1	18	STATES OF THE STATE OF THE	CHPRINT)			22e ADDRESS				
5/	18	V. Dullo	irandi		100	HCH	Emersonos	Doct.	10-19	
	1110	URIAL, CREMATION, REMOVA	L 23b. DATE	23c. N.	AME OF CE	METERY OR CREMATORY	23d. LOCATION	arch i.		
		(SPECIFY)	10-1-82	HAR	MONY	MEM. PAKI	HICHCHAN	O PHKK	NTY	1) STATE
/B1		UNERAL DIRECTOR				25a. DATE	REC'D. BY REGISTRAR		SIGNATI	URE
	H	S. WASHINGTO	SHOE + M	4925 B	JRROU	CHS AVEN = 00	T 1 1982	Ja an	2. Ca	will
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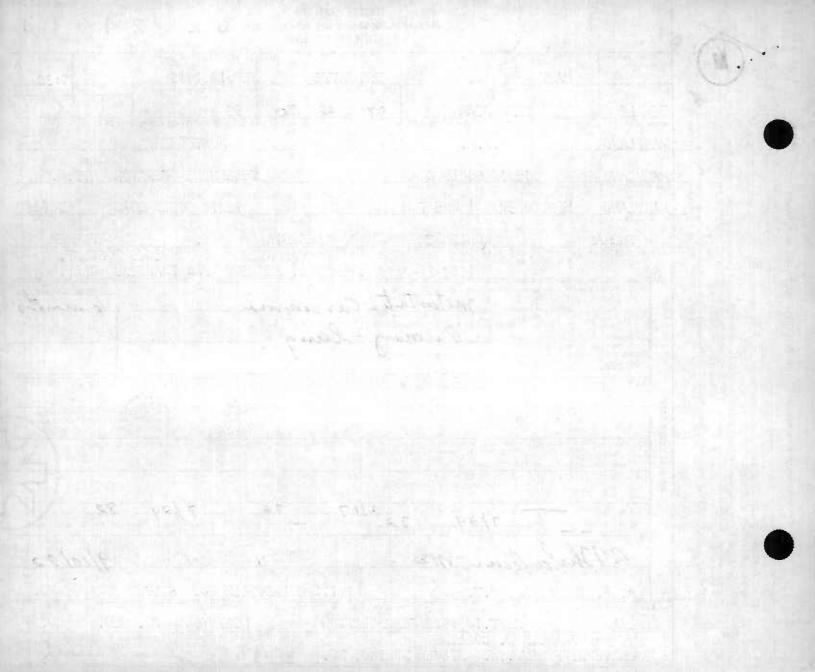
IMPORTANT: If them 21 is marked or Item 18 shows ony injury, or other troumotic event, the medico

STATE OF MARYLAND

쇰	- STATE REGISTRAR				CERTIF	ICATE OF I	HTAS	REG. NO.	fine 13	
ì	I. DECEASED NAME	FIRST		MIDDLE	L	AST		20. DATE OF DEATH MO	NTH DAY	YEAR 26 HOUR
		MARY	V	•		ARATTI		SEP.10.1982		9:30 A
1	3. SEX	1	RACE		S. DATE O		YEAR	6. AGE (IN YEARS LAST BIRTHDA	MONTHS I	DAYS HOURS MIN.
1	FEMALE	C	CAUCAST	AN	07	28	30	52	YRS.	DATS HOURS MIN.
J	BIRTHPLACE (STAT	E OR FOREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMORE CITY OR C		ATH
	MARYLAND		u.s.	A.	WIDOWE	D NEVER	VORCED [	MONTGOME	RY	MD
	MARYLAND		(IF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET OULD ROAD	ADDRESS)	R OTHER INS	IITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	ORKING LIFE) INDI	KIND OF BUSINESS OR USTRY
+	USUAL RESIDENCE (IF	NURSING HOME OF C	THER INSTITUTION					TELEPHONE OPE	EKATUK	N.I.H.
1	MARYLAND	MONT GO		UHEATON		13d. INSIDE C	NO 🗌	13e STREET ADDRESS 12610 GOULT	ROAD	20906
	14 FATHER'S NAME	M	DDLE	LAST		15. MOTHER	MAIDEN NA	ME		
1	THOMAS		K0	HLENBURG			EORGIA	Ε.	3-13-	TURNER
ı	160 WAS DECEASED ET		ED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	DAUGHT	ER ADDRESS	2445 POS	ST ST.
1	NO			214-28-8	890	SHERRY	L. SCH		ANCISCO.	
ľ	18 CAUSE OF D	EATH Enter only	one cause per	line for (g), (b), ope						APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
ı	PART I. DEAT	H WAS CAUSED	BY.	metasto	at.	Carre				The state of the s
1	1/1/2	GIMMEDIATE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 20	Lanc	MAGAL	in the		o many
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1	couse (a), si underlying co		DUE TO, O	r as a conseque	NCE OF		1	Res Mills		
	underlying co	ouse lost.	( (c)				1 '			
	PART 2 OTHER S	ouse lost.	( (c)			NOT RELATED	TO THE TERM	inal disease or conditi	ON GIVEN IN P	ART No
	PART 2 OTHER S	ouse lost.	DNDITIONS CO		DEATH BUT I			20a AUTOPSY? 20	b. IF YES, WERE	FINDINGS USED
	PART 2 OTHER S	ouse lost.	DNDITIONS CO	ontributing to d	DEATH BUT I			20a AUTOPSY? 20	b. IF YES, WERE	
	PART 2 OTHERS  PART 2 OTHERS  190 DATE OF OPE  210. ACCIDENT WAS	RATION	DINDITIONS CO	ONTRIBUTING TO D	OPERATION	N WAS PERFO	RMED	200 AUTOPSY? 20 IN YES	b. IF YES, WERE I CERTIFYING C. YES	FINDINGS USED AUSES OF DEATH? NO
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DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4)

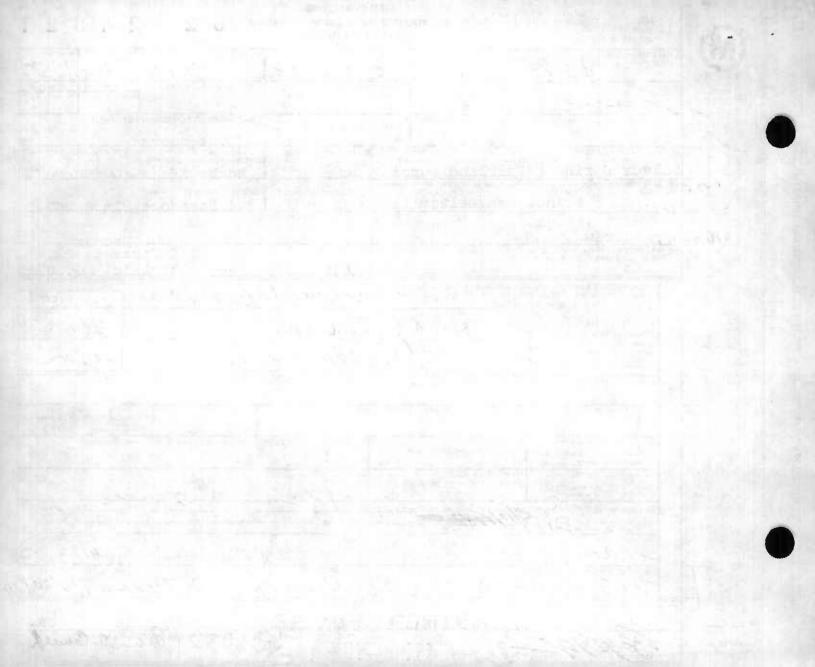
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McGuire Funeral Service, Inc. Wash. DC 20012

(VRA 15. 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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4	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYO ICATE OF DEATH	0 2	EG. NO.	2	4 0	2 2
	EASED NAME	FIRST	A	AIDDLE	ī	AST	20. DATE OF DEA		TH DAY	YEAR	h HOUR
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3. SE)		4	RACE	- 663	5. DATE C		& AGE (IN YEARS L	AST BIRTHDAY	r) IF U		FUNDER 24 HRS
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	TY OR TOWN OF DE	ATH 11		OSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCI			N. KIND OF	BUSINESS OR
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USUA 13a. S	L RESIDENCE (IF NO	136 COUNTY	HER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION!	13d. INSIDE CITY LIMITS?	13e. STREET ADDE	RESS			
Ma	ryland	Montgo		Silver S			1301 Min		Lane	20904	
	THER'S NAME			444		15 MOTHER'S MAIDEN NA	ME				
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16a V	AS DECEASED EVE	R IN U.S. ARME	D FORCES?	16b SOCIAL SECU	4	17. INFORMANT	A	ADDRESS		<u> </u>	giit
{Y	ES. NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)							10 \	
	10	N/A		218-26-0		Thomas L. Cl	emons-so	n-(sa	me as	13e)	MEINWENVAL
	18 CAUSE OF DEA	TH (Enter only )	one couse per BY:		stat		01	0-0			ATE INTERVAL ISET AND DEATH
7	cause (a), stat underlying caus	nmediate ing the ie last	(c)_	RAS A CONSEQUE		NOT RELATED TO THE TERM	AINAL DISEASE OR	CONDITIO	ON GIVEN	IN PART 1/a	
CERTIFICATION	19a DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTÓPSY	? 200	. IF YES, W	ERE FINDING G CAUSES O	S USED
E							YES NO		YES [		NO [
1 1	218. ACCIDENT WAS UP OR CONTRIBUTING [	CAUSE OF DEATH	21b. TIME OF HOUR A./	M. MONTH DA	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE C	OF INJURY IN	ITEM 18 PART 1	OR PART 2)	
MEDICAL	21d. INJURY OCCUI	VHILE	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET	CITY	Y OR TOWN		COUNTY	STATE
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	sow the deceo abave, (I) (we) 22b. SIGNATURE	(did) (did not) v	el,	d Clip		DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF		220 DATE S	-82
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STATE OF MARYLAND

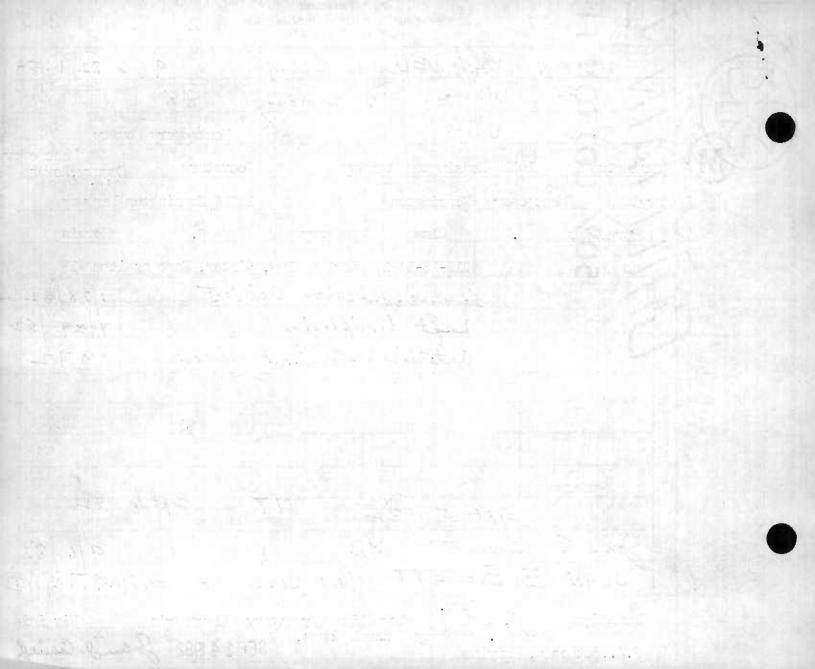
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nay. Dr page 3 er death		CEASED NAME FIRST HELEN	VAN DEUS	EN CLUM		6 82 1:15 A
ge 4 mo; for, po offer o	3 SE	× (FE	RACE White S.D	PATE OF BIRTH MONTH PAY 1894	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
death. Po		Dy C.	1 ( . 3 / )	ARRIED NEVER MARRIED X	9 BALTIMORE CITY OR COUNTY  Montgomery Co	
Softer of the control	Ke	nsington 1	1. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRE 0216 Kensington Pa	arkway	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Secretary	12b. KIND OF BUSINESS OF INDUSTRY MONTGOMERY County Refuse
in 24 hour	Ma:	ryland Monte	THER INSTITUTION GIVE RESIDENCE BEFORE AGMIS  137. CITY OR TOWN  Kensington	134 INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 10216 Kensingtor	Zip: 20894
orted with		Cornelius	W. Clum	15. MOTHER'S MAIDEN NAM	MIDDLE G.	Herring
be executan and c		VAS DECEASED EVER IN U.S. ARM YES NO OR UNKNOWN) (16 YES, GIVE NO	MAR OR DATES) 166 SOCIAL SECURITY 213-12-146.		Sister, Same as	
equires that the death certifico missaed by the attending physism please remove corbonpage to burnel, cremotion, or remove muty, as other troumatic event.	NOI	Conditions, if any, which gove rise to immediate couse lal, stating the underlying cause last.		Elevatic Levet	edent  Clisters  NAL DISEASE OR CONDITION GIVE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 7/28/82 7/29/82 N IN PART LIG
The for	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPER	RATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES, IN CERTIFY YES NOTE: YES	WERE FINDINGS USED (ING CAUSES OF DEATH?
SICIAN rug physic certificat certificat femtal thy tental thy	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	ED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT I OR PART 2)
NG PHY offer that or the bit	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LATHOME STREET FACTORY OFFICE, FARM, ET		CITY OR TOWN	COUNTY STATE
ATTEND o capital o capital o the vite to the capital of the capita		220 I certify that (I) (this hospital sow the deceased alive on above, (I) (we) (did) (did not)	Sept 3 19 8		eath occurred on the date and haur	9 That (I) (we) lost and fram the causes stated
O +60SPITAL OR Interest by the ho TO PUNERAL DIRE Hould be determine In the State Dop MPORTANT: If her		226 SIGNATURE  226 PHYSICIAN'S NAME (TYPE OB)	Enerett FVERETT	DEGREE ATTENDING PHYSICIAN A  22° ADDRESS 9400 CINA	DIRECTOR   PHYSICIAN	22c. DATE SIGNED 9682
0 t 5 t M	23a B	URIAL, CREMATION, REMOVAL	236 DATE Sept. 236 NAME	OF CEMETERY OR CREMATORY	123d LOCATION	
BP		Cremation	6, 1982 Metr	opolitan Cremato	ry Alexandria	Virginia
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FU	P.A., Bethesda,	ert A. Pumphrey Fur Maryland	neral Homes, 250 DATE	EP 1 4 1982	and Coming



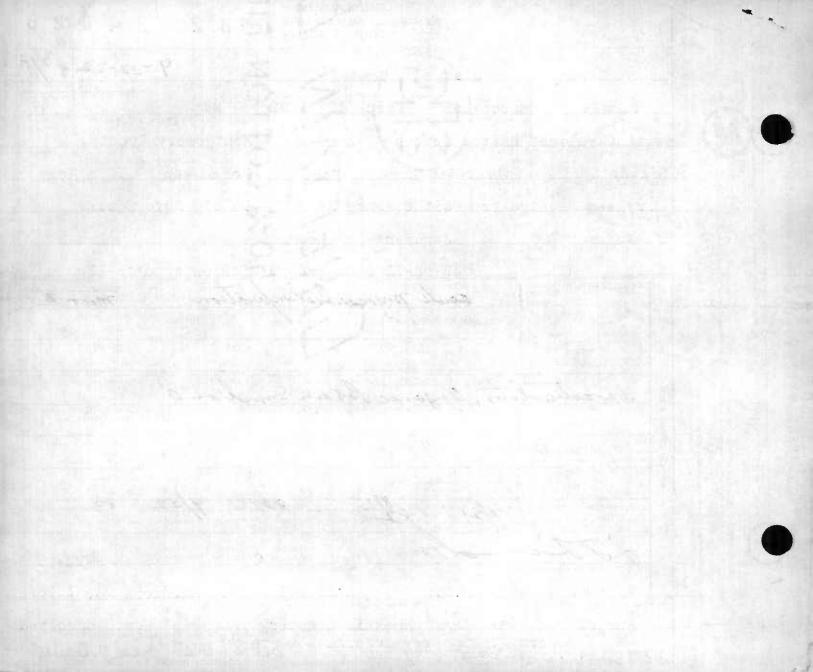
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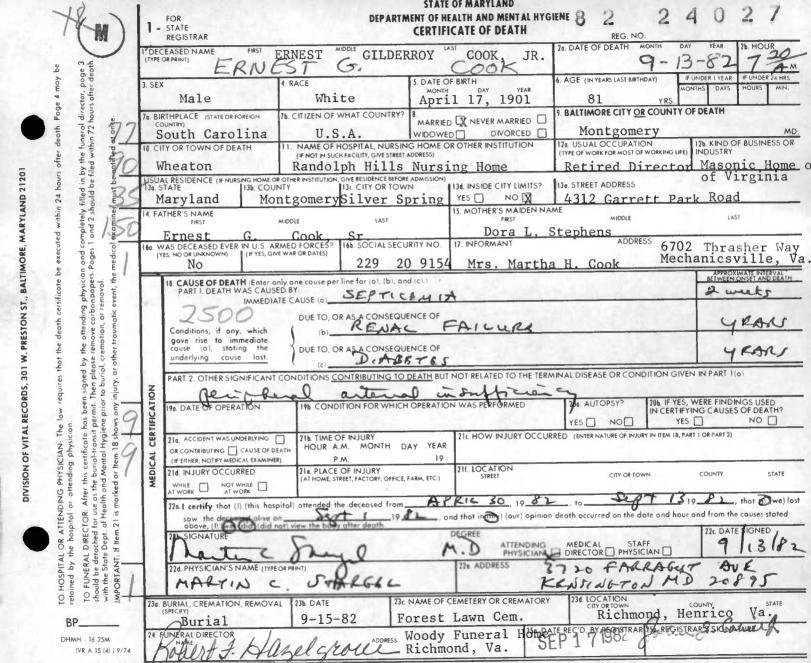
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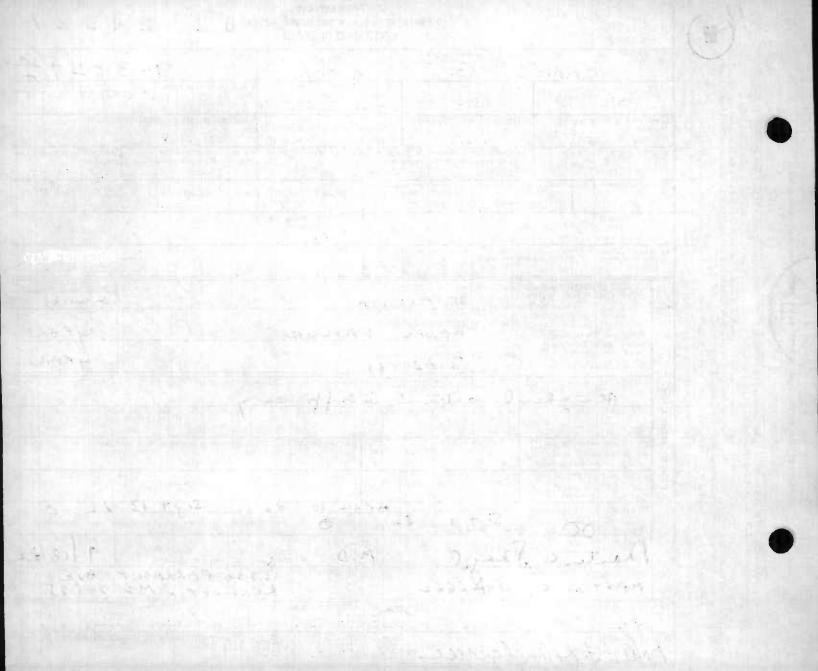
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,







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REGISTRAR I. DECEASED NAME

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ENE 8	2	2	4	0	2	9
	REG. NO	).				
2a. DATE C	FDEATH	HINOM	DAY	YEAR	2b. HOU	R
SEPT	EMBER	29	1982		1:10	ам
6. AGE (IN	YEARS LAST BIRT	HOAY)	IF UNDE	RIYEAR	IF UNDER	
52		YRS.	MONTHS	DAYS	HOURS	MIN.
9 BALTIMO	ORE CITY O		Y OF DE	ATH		
MONTO	OMERY					MD
	OCCUPATION RK FOR MOST OF			KIND O USTRY	F BUSINE	SS OR
13e STREET 8103	ADDRESS FALLO	W DR	LVE			
H THRE	MIDDLE SHER			LAS	ī	
	ADDRE		V DR			
G, MD	20877		- 8	APPROXI	MATE INTER	VAL DEATH_

JERRALD THRESHER COWELL S 4 RACE 6. AG 5. DATE OF BIRTH JUNE 27 1930 MALE CAUCASIAN 52 To BIRTHPLACE ISTATE OR FOREIGN LOUNTRY? 9 BAL MARRIED X NEVER MARRIED MISSOURI UNITED STATES MO DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a U TYPE BETHESDA NAVAL HOSPITAL R SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 3e 5 81 MARYLAND MONTGOMERY GAITHERSBURG 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIOOLE LAST HELEN RUTH T JACK VERNON COWELL 166 SOCIAL SECURITY NO 17 INFORMANT 1951-1968 213-24-3730 YES MADELEINE COWEL GAITHERSBURG, 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY GASTRIC CARCINOMA IMMEDIATE CAUSE (o). DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 1 NO [ 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION COUNTY CITY OR TOWN AT HOME STREET FACTORY, OFFICE, FARM ETC ) NOT WHILE 220 I certify that (I) (this hospital) ottended the deceased from SEPTEMBER SEPTEMBER sow the deceased alive on SEPTEMBER 29 and that in (my) (our) opinian death occurred an the date and haur and fram the couses stated DEGREE 22c. DATE SIGNED M.D DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) NAVAL HOSPITAL, NATIONAL NAVAL MARION R. MCMILLAN, LT, MC, USNR MEDICAL CENTER, BETHESDA, MD 20814 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN

Arlington National

316 E. Diamond Ave.

Gaithersburg.Md.20877

Arlington

250 DATE REC'D. BY RE

1. 82

DHMH - 16 50M 1/81 (VRA 15, 4)

Burial

Gartner Sandison F.H.

Wilcom Police list - 10 Artist (see Aprendict Compared application (See Later) Lay through a Mile of mark to the lay Tens. W. contact of the . I. . Continue Thirties.

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	-						REG. NO.		
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	3. SE	· CIC	4, RACE	5. DATE OF	DIDTH	4 AGE UNI	YEARS LAST BIRTHDAY)	IF UNDER I YEAR	R IF UNDER 24 HRS
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1	A	ITY OR TOWN OF DEATH	II. NAME OF HOSPITAL		OTHER INSTITUTION	120 USUAL	OCCUPATION	ING LIFE INDUSTR	of BUSINESS OR Capital
		koma Park	MUCSHINGTO	IN HAVEN	mst hos	pillar	11-37	REd Trai	nsit
-86	100		OROTHER INSTITUTION GREENIDEN OUNTY 131. CITY		34. INSIDE CITY LIMITS				20012
7		aryland Mo	ntgomeryTako		YES X NO	NAME 8201	Greenwo	ood Ave	nue
H	2	FIRST	MIDDLE	LAST	FIRST	TAME	MIDDLE	U	AST
$\mathcal{K}^{pp}$	600	Herbert		Cox	Susan		10000	Timber.	lake
9/		WAS DECEASED EVER IN U.S.  (YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)		17 INFORMANT		2401 Na	agel Dr	ive
-	_	No	<b></b> 579-	-03-0154	Charles I	F. Cox	Pensaco	ola. Fla	a.32503
€.		18 CAUSE OF DEATH (Ente	er anly ane couse per line for 10 USED BY.					APPRO BETWEEN	XIMATE INTERVAL NONSET AND DEATH
1			DIATE CAUSE (0) CAFO	diac Arre	st				
a de	119	14149	DUE TO, OR AS A CO						
ion,		Canditians, if any, which			Disease				
THE PERSON		gave rise to immediate			200-00		13/45/1		
4		underlying couse lost.	DOL TO, OR AS A CO	NSEQUENCE OF					
8		PART 2 OTHER SIGNIFICAN	(5)	NG 70 DEATH BUT N	OT BELLIEF TO THE T				
A P	Z S	Post Operat	riconditions contributi	- Atclemin	not Acrtic H	ACUVISM	Repair	N GIVEN IN PART I	(a)
17	ħ ₹	90 DATE OF OPERATION		WHICH OPERATION		20a AUT		IF YES, WERE FIND	INGS USED
1	41 <u>¥</u>	9/7/82	Receir of A	Abdomino1 A	erlic Anewis	YES 🗆	NO X	ERTIFYING CAUSE	S OF DEATH?
20	1 18	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCC	152			.,,,
-4		OR CONTRIBUTING CAUSE OF	FDEATH HOUR A.M. MON	TH DAY YEAR					
	MEDICAL	21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	. 19	21f LOCATION				
pa	1 m	NOT WHILE	(AT HOME STREET, FACTORY		STREET		CITY OR TOWN	COUNTY	STATE
more		220 A sertifu that (I) (thus he	aspital) attended the deceased	I from Seel	3 10 8	2	Sant T	10 82	
4					that in (my) (aur) apini	ion death accurr	ed on the date and	d hour and from the	, that (I) (we) last
2 5		abave, (I) (we) (did) (did	an Sept.			- Good Geeding	o on the date one		
2 m	1	W. SIGNATURE A	4	N	EGREE ATTENDING	G . MEDICAL	STAFF	1	ESIGNED
5 5-1	4	11/100	4	•			PHYSICIAN E	1 7/1	19 -
1 4 4 A	1	22d PHYSICIAN'S NAME (	YPE OR PRINT)	mn	22e ADDRESS Sigit		2	CO No.	
# Od		1 Millip	w. Joth	7(1)			Washing	ston DC	20006
	1	BURIAL, CREMATION, REMOV		and the second	METERY OR CREMATOR	CIT	ORTOWN	COUNTY	STATE
_	B	urial	9/11/82		coln Cem		entwood		Md.
M 1/81	-	19440/		DDRESS BOX	1420	FD 1 5	1082 S	GISTRAR'S SIGNA	CALL OF B.
	MA	MEDICA DITING	phray Ing	Sil. Spr.	- Md -	AFF IS	148/ 2	-un	- Ammon

Lauffer Lothage - the Charge Market Res LEGGE SARE 1938 LA COLLEGE

ANG	1.	FOR STATE REGISTRAR		DEPART		ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 2	2 4	0	3 1
be 3 sath		CEASED NAME FIRST OR PRINT) KATHO	anine.	MIDDLE N.	CR	A19	7 7 8	MONTH DAY	YEAR	26. HOLL
in the same of the	3 SE		4 RACE CAUCASI	:AN	S DATE OF	28. 1891	6 AGE IN YEARS LAST &	MTHDAY) # UF UF MONT	HS DAYS	IF UNDER 24 HRS HOURS MIN
	7a. B	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWED	□ NEVER MARRIED □	1 BALTIMORE CITY MONT		DEATH	MD
or after or after the the sentition of t	10. C	ILVER SPRING	(IF NOT IN SU	HOSPITAL, NURSING CHEACILITY, GIVE STREET	IG HOME O	OTHER INSTITUTION	120 USUAL OCCUPA ITYPE OF WORK FOR MOS' TELEPHONE	TION I	NDUSTRY	BUSINESS OR TELE CO
in 24 ho	USU 13a	AL RESIDENCE   IF NURSING HOW STATE 131 CO	E OR OTHER INSTITUTION		ADMISSION)		13ª STREET ADDRESS			20715
MARYLA uted with mpletely ind 2 sho	-	THER'S NAME FIRST LOUIS	WIDDLE	DURREN	IBACK	15. MOTHER'S MAIDEN NAME FIRST LUCIA			FRE	NCH
MORE,		VAS DECEASED EVER IN U.S. (ES, NO ORUNKNOWN) (# YES,	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU	-22-57	17 INFORMANT 85 DOROTHY		ME AS 13	DAUC	GHTER
T., BALT  certificate physicia papers. removat.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	r only one cause pe USED BY: DIATE CAUSE (a)	r line for (a) 60 am	dir-	leagai	who the	red	APPROXIM BETWEEN O	MATE INTERVAL NSET AND DEATH
e death or attending ve carbor stion, or trauming or t	7	Conditions, if any, which	DUE TO, C	OR AS A CONTEQUE	HCE OF	l Vreumon	01.		W w	who
1 W. PRES that the es that the at d by the at ase remove al, cremati		gave rise to immediate couse (a), stating the underlying cause last		DR AS A CONSEQUE	NCE OF					ly to a
RDS, 201 w requires en signed I fhen pleas r to burial iny injury,	N Q	PART 2 OTHER SIGNIFICAT		ONTRIBUTING TO I	DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVEN I	N PART 10	
V: The larte has be permit. Tiene prio	CERTIFICATION	19a DATE OF OPERATION	196. COND	DITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES		
OF VITA VSICIAN hysician. certificat nital Hygi		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	DEATH HOUR A	OF INJURY m. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED JENTER NATURE OF IN	JURY IN ITEM 18, PART I	OR PART 2)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120  DING PHYSICIAN: The law requires that the death certificate be executed within 24 hour strending physician.  After this certificate has been signed by the attending physician and completely liliest in as st the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be in the and Mental Hygiene prior to burial, cremation, or removal.  marked or Item 18 shows any injury, or other traumatic event the medical examination.	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY TREET, FACTORY, OFFICE, F		211 LOCATION .	CITY ORT	OWN C	OUNTY	STATE
ATTENE ital or at cCTOR: or use as of Healt m 21 is n		22s I certify that (II   this he saw phodeceased allive about   Dwe  (did) (did			2 and	that in (my) (bur) opinion	death occurred on the	dote and hour and	from the c	hat-(1) (we) lost auses stated
the hospithe		The SCHATURE COMME	Ann	Ma. M	0 °	EGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF	PATES	IGNED ST
HOSPITA ained by the FUNERA uld be det th the Stat		Bed Mia	4010	win cr	0.	3 Do Fa	mant 1	fre frew	. mol.	2088
AB TO FI Should with	(	BURIAL, CREMATION, REMOV SPECIFY)  RIDTAI	AL 236 DATE	0/82 0		METERY OR CREMATORY IEW CEMETERY	23 LOCATION CITY OF TOWN STATEN 1	SLAND "R	Тснмо	ND STATE. Y.
DHMH-16 25M (VRA 15, 4) 1/79	24. FI	UNERAL DIRECTOR FRAM NAME O UNIV. BLVD.,	ICIS J. C	DLLINS	MD. 20	901 250. DAI	P101982	R 256 (REGISTRAR	SSENCE	thurs

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HOME SILVER SPRING, MD

DHMH - 16 50M 4/B2

(VRA 15, 4)

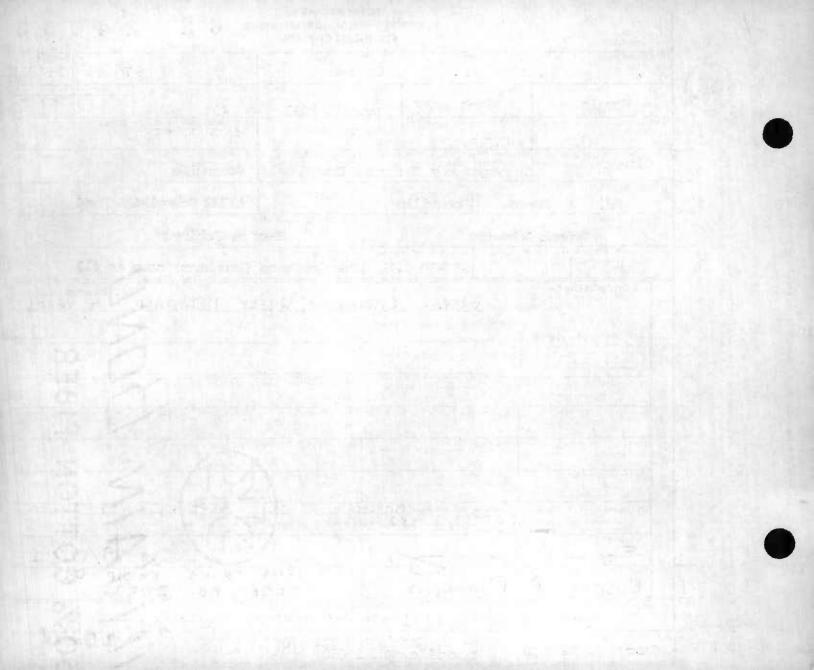
CHAMBERS FUNERAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	and the state of t	
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	INA SAME SAME SHEET, SATISFACE STATISFACE	

R	1	600		STATE OF MARYLAND														
P	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	2	4 (	) 3 3										
	1. DI	ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DA		26 HOUR										
(AA)	3 St	Mart	tha L.	Cross	1.05	9 17	82	2:48AM										
		Female	Black	5. DATE OF BIRTH MONTH DAY NOV. 17, 1932	6 AGE (IN YEARS LAST BII	YRS.	ONTHS DAYS	HOURS MIN.										
1 11 34		STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY  U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		RCOUNTY	OF DEATH	MD.										
by the filled with	10.0	olney	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION TADDRESS) ENERAL HOSPITAL	TYPE OF WORK FOR MOST OF HOUSEWIFE		12b. KIND C INDUSTRY	OF BUSINESS OR										
24 hou	USU 13a	STATE 136 COUN	ntg. Rockvil	RE ADMISSION) NN 13d. INSIDE CITY LIMITS? Le YES NO N	11322 Sch	uylkil	l Road											
mpletely and 2.sh	14. F	ATHER'S NAME FIRST Ernest	MIDDLE LAST Johnston	15. MOTHER'S MAIDEN N			LAS											
Poper Poper		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC (E WAR OR DATES) 217-30-0	URITY NO. 17 INFORMANT	ADDR	ESS	as #13	3										
urres that the death certifical signed by the attending ply ten please immore comban and burial, cremation, ar temps ory, or other traumatic event.	z	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T				4	IMATE INTERVAL ONSET AND DEATH YEARS										
he low requion.  hos been is to permit. The tene prior to lows ony inj	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY!	WERE FINDING CAUSES	NGS USED OF DEATH?										
SICIAN: The ag physicio certificate brial-transit entol Hygie them 18 sho		21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	1111	PAY YEAR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)											
actending of the control of the cont	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	FARM. EIC.) 21f LOCATION STREET	CITY OR TO	DWN	COUNTY	STATE										
AL OR ATTENDIN the hospitol or AL DIRECTOR. Af detached for use ofe Dept. of Healt IT. If them 21 is mo	ME	W			M	ME	ME	WI	W	ME	ME	22a.1 certify that (1) (this haspi sow the deceased alive an above. (1) (will find)	tol) attended the deceosed fram	DEGREE ATTENDING PHYSICIAN	n death accurred on the di	ote and hour o		1-1
etoined by TO FUNER, should be d with the Sto		EUGENE P	FLANNERS	22e ADDRESS (BII	PRINCE VEY, MO-	PHIL	•	R-										
BP	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial		NAME OF CEMETERY OR CREMATORY incoln Park Cemete	23d LOCATION		COUNTY	Md. STATE										
DHMH - 16 50M 1/81 (VRA 15, 4)		uneral director George R. Snowde	en 246 N. Wa	shington St. SE	P 2 2 BY 982 TRAR													

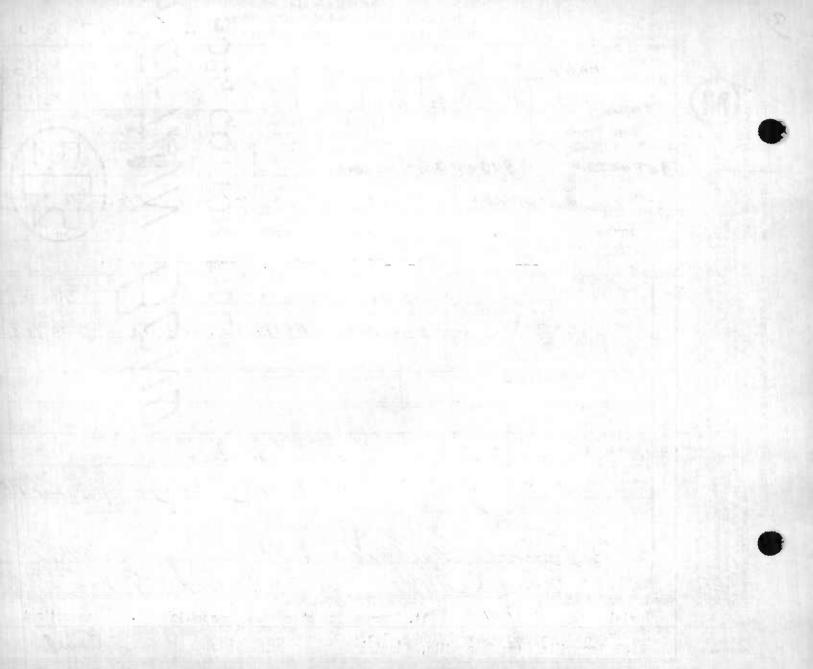


4/2)				STATE OF MARYLAND		
	1.	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 PREG. NO.	2 4 0 3 4
u n.e		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
9 98	1 SE	Thomas	A. RACE	ROWLEY 15. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	1982 10 AM
dische 4		Male	Can	MONTH DAY YEAR 10 30 26	XXXXX 55 YRS.	MONTHS DATS HOURS MIN.
Total P		RTHPLACE (STATE OR FOREIGN COUNTRY) Wash. D.C.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgome	
(N) 85	_	SY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LETTICAN	106 KIND OF BUSINESS OR
the district the d	13a :	STATE 13h COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 136 CITY OR TOWN TROCKVI	ADMISSION)  13d INSIDE CITY LIMITS?  YES NO	130 STREET ADDRESS 702 Edmonsto	n Dr.
1 2 2 2 1	14 F/	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA		LAST
2 96/10/		Joseph J	. Crowley	Frances		Peak
be execu-		VAS DECEASED EVER IN U.S. AF YES NO OR UNKNOWN) (IF YES GI YES WW.	WE WAR OR DAYES	0624 Regina G.	Crowley #	13
that the death certifical by the attending phy late remains or remain of cemation, or remain r other traumatic event			nly one cause per line far (a), (b), an ED BY.  TE CAUSE (a) Per far far  DUE TO, OR AS A CONSEQUE  (b) DUE TO, OR AS A CONSEQUE  (c)	NCE OF CAPEING	ma	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  SOLVEY  BETWEEN ONSET AND DEATH
en signed Them plan or to burn	NOU	PART 2 OTHER SIGNIFICANT	conditions <u>contributing to </u>	DEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITION GI	VEN IN PART 11a
he low on the bear the permit	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
SCIAN -	10.77	10. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
offer the south and Ward or ward or	MEDICAL	21d INJURY OCCURRED  NOT WHILE AT WORK	21e. PŁACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
sertal or CTOR: A Inc. other of Health		sow the deceased alive or	ital) attended the deceased from 19	and that in (my) (our) opinion	deoth occurred an the date and ha	19, that (I) (we) lost ur and from the couses stated
TALOR A y the ho PAL DIRE detached detached		27b. SIONATURE	2 Elume	DEGREE ATTENDING PHYSICIAN	AMEDICAL STAFF DIRECTOR   PHYSICIAN	221. DATE/SIGNED, 9/25/82
O FUNES hould be		22d. PHYSICIAN'S NAME (TYPE OF Michael Emm		22e ADDRESS	Georgetown Rd	. Bethesda, 1
25 3	23a E	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP		Burial	Sept.29,1982 Taltavullogess	Gate of Heave	Silver Spri	ng. Md.
DHMH - 16 50M 1/81		UNINAL LUBEL ICAN TO TO				

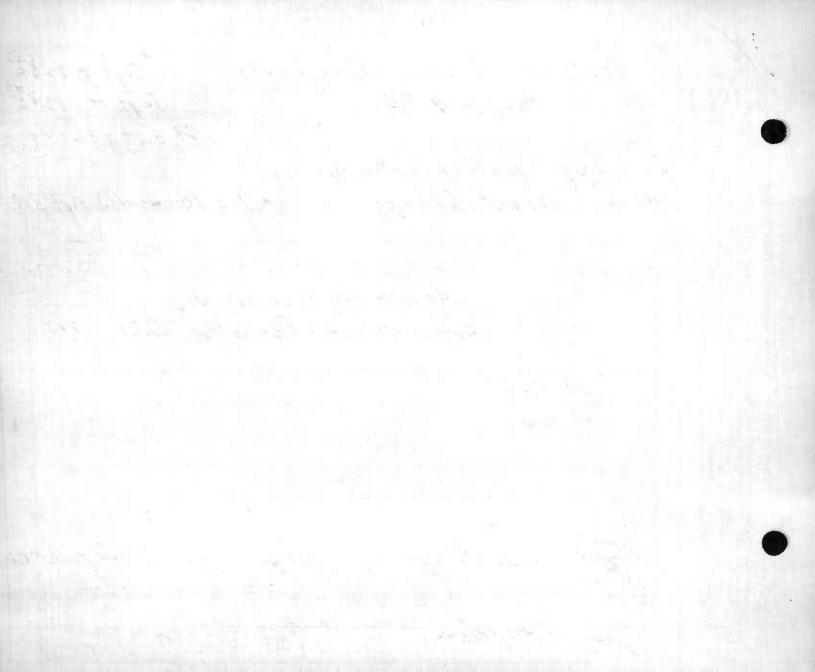
particol in competition of the particol and the particol in mediancely the last and an efficiency transaction, herefore dasao. THE STATE OF THE S foliti qidi Decementore Ed. Betheeda. NUMBER CONT. P. 1252 Nate of Teases Willey Enter. Ellifert no fee . . . . The state of the s

and a state of the same of the course Bluedown Fredom Welling attender attender Commy from affectioner 10 45 12/0 ht offer of ICED FROM ANE STEVER TREE NO. TO THEY ? SHOWED

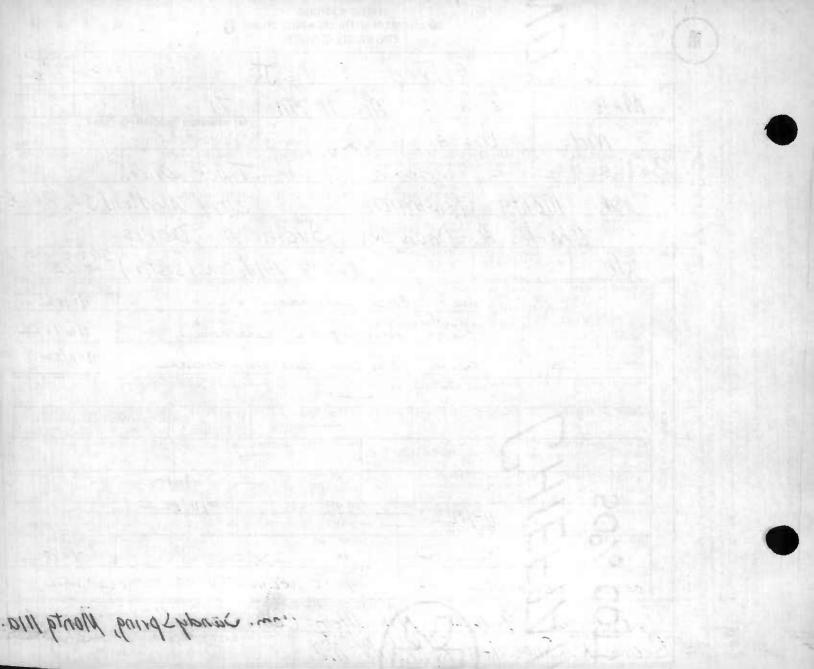
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'	- STATE REGISTRAR		MEI	DICAL EX	KAMINER	'S CERTIF	ICATE O	FDEATH	REG.	NO.	U	3 0
	ECEASED NAME	FIRST		MIDDLE		LAST		2a. D.	ATE KNOWN OF ESTI- ATH MATED	MONTH	DAY	YEAR 26 HOUR
	AN	INA		A.		DAL	Y	DE	ATH MATED	09	16 19	820 AM
3. S	EX 4. RA		5. DATE OF BIRTH	YEAR 6.		IF UNDER 1 YR	HOURS		OATE	MONTH	DAY	YEAR 28 HOUR
	EAST O VO	00	5 26	92	90 YRS.				DEAD	7	16 19	82 5 AW
T/0.	BIRTHPLACE (SPATE OR FOREIGN COUNTRY)  New Yo	1-	76 CITIZEN OF WH	IAT COUNTR	^	ARRIED D	/	ED U	LTIMORE CITY	OR COUN	TY OF DEAT	TH
	New Yo		USA	DITAL Allins		DOWED D	DIVORC	1/8		-OME	RY	MD.
7			11. NAME OF HOSE	HITY, GIVE STRE		OTHER INSTIT	UTION	FOR MOST O	CCUPATION (1 F WORKING LIFE)		126 KIND ( OR INI	OF BUSINESS DUSTRY
USI	JAL RESIDENCE (IF INN		SOBUL	7 B/H	Hosp	ital			housev	vife	hor	ne
130.	MD	MONT &	Υ	13c CITY O	RIOWN	13d. INSIDI YES 🗗	NO 🗆	13e. STREET A	BEL	FAS	T PI	20854
14.	FATHER'S NAME		MIDDLE	LAS	i i	15. MOT	HER'S MAIDE	NAME	MIDDLE		LAST	
1	George		Wm.		Glove		Sarah				Kan	
160.	WAS DECEASED EVER (YES, NO, OR UNKNOWN)	(IF YES, GIVE V			L SECURITY NO				ADDRE			
	no	_		071	<del>-30-522</del>	8   Mai	rie D.	Porrec	o same	as 13e	9	
	18. CAUSE OF DEA PART I DEATH V	TH (Enter only	y one couse per line	for (o), (b), a	ind (c).)					1	APPRO: BETWEEN	XIMATE INTERVAL
	LLUNG		E CAUSE (a)		DIAC	ARI	REST				1	CUTE
	Conditions, if	any, which	DUE TO, OR				1	. 1111	T. Ford			W.
-	gave rise to couse (o) stotin	immediate	(b)C		PHIZE	8	4RIEI	eio sc	LEROS	15	10-2	SALO
	lying couse last		DUE TO, OR	AS A CONSE	QUENCE OF							
	PART 2 DTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO DEATH B	UIT NOT RELATED	TO THE TERMINAL A	ICEACE OF COMOIT	TON CIVEN IN PAG	T Viet				
Z			The state of the s	or welling	TO THE TERMINAL I	ASCASE OR COMOII	ION OITEN IN FAR	11 1 (9).				
CERTIFICATION	190. DATE OF OPER	ATION	196 CONDIT	ION FOR WI	HICH OPERATIO	N WAS PERFO	ORMED?				20 AUTO	OPSY?
4 1			_	_							YES	O NO A
3 8	21a. EXTERNAL CAL		21b TIME OF	INJURY MQNTH D	AY YEAR 2	Ic. HOW INJUR	RY OCCURRE	D (ENTER NATURE	OF INJURY IN ITEM	IB PART I OR PA		
3 5	UNDERLYING CONTRIBUTING	CAUSE OF D			6 1982	FOUN	D IN	BE	ろ			
MEDICAL	21d. INJURY OCCUR		21e PLACE C	FINJURY	AT HOME, 21	f. LOCATION STREET		Oksty	OR-TOWN	CO	WINEY	STAM
1	AT WORK AT V	WHILE O	Ho	100		0609 7	BELFA.	57/1.0	1100010	c //	(NT60	MoryMo
	220 I certify that	I taok charge	e of the remains desc	ribed above	, held an A	utopsy .	Inspection	Inc	uiry C	ond in my or		
	deoth resulted fram	n: Natura	alexa uner b	Acciden	, Suicide	A. Han	nicide .	Undetermine		],		,
	ACTUAL OF	4	- /	Ma	111	TITLE	SPECIFY)				1.	110
	SIGNATURE		eck of	uyi	us	ZMD.	Jeft	MEDICAL E	XAMINER	DATE	09//	1/2
L	EXAMINER'S NAME	For	uris d	Ma	110		Const	111.	1	R-	20	814/11
	(TYPE OR PRINT)	1/1/11	VUJ U	11/1/	46	ADDRESS	82001	NISCONST.	01106	Per	11-650	A /ND
230.	BURIAL, CREMATION, (SPECIFY) Burial	REMOVAL 23	9/18/82		ME OF CEMETE			23d. LOCATION Gree	nwich	cour	Conne	cticut
24.		Wheel		al Hom	e. Inc		250. DATE R	EC'D. BY REGI	STRAR TO RE			
	FUNERAL DIRECTOR VSOR	kville	Pike Rock	ville,	Warylan	d	SEP	2 1 198	c for a	moh	Cohe	4



15M 2/80



(VRA 15, 4)



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DHMH - 16 50M 1/B1 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FEMALE WHITE MAY ITARIO P.E. 1254 W. Va. NETHER NOTEE MERCHON THE GRO. THEKENIE - 6223 60 TE FL. WHENER THEFTE STUMENELL VERIN 213425198 17 6. 1 2 to 18 1885 washing to 1 street Southard Frake Tiple

			STATE OF MARYLAND
9	2		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 2 4 0 4 0
1	d.		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
			CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN O MONTH DAY YEAR 20. HOUSE E OR PRINT) OF ESTI-
	H & S. S. S. F.	(	Elizabeth Lincoln de Angovena DEATH MATED Fept 260 87 250
	PLEASE ECTOR. R FILES. HOURS STREET,	3. SE)	14 RICE IS DATE OF BIRTH IS AGE (IN YEAR ) IF UNDER 3 YR (IF UNDER 24 HRS. 12 DATE MINH DAY YEAR 12 HOUSE
	NS ZS S		EMALE WHITE Feb 4 14 DETES MONTHS DAYS HOURS MIN PRONOUNCED SEATOR, 19 ST AND
	STONE	7a. BI	RTHPLACE (SLATEOR ) TO CITIZEN OF WHAT COUNTRY? IS 9 BATTIMORE CITY OF COUNTY OF DEATH
	PECESSARY PLE INFRAC DIRECT FORWORR FI WITHIN 722 HO PRESTON STR	7.19	REGIN COUNTRY)  ACKLUSIO TO DC 11 5 A  WINDOWS TO DO
		10. CI	ASTING LOW, U, C, U, J, A WIDOWED DO DIVORCED LI LA SUTE COMMENT AND ME TY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF JORK 126. KIND OF BUSINESS
	7/07/07		OR INDUSTRY
	3 TO THE PACE OF T	LISTIA	AL RESIDENCE IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION
21201		13a. S	
	4 AAAA	1	Me Mont. Silppy YES NO DE 0390/100 Creak Park way
Q	NO	14. F/	THER'S NAME  FIRST  MIDDLE  LAST  LAST  MIDDLE  LAST  MIDDLE  LAST
	40142	J	udson Lincoln Evelyn Sweet
Q¥	PAGE PAGE PAGE ON OP	16a. V	(AS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (S. NO, OR UNKNOWN)
BALTIMORE	S AFTER GIVE PAI ITH FOR PAGES I		VO n/a 213 90 0873 Son- Eugenio de Anzorena
			18 CALISE OF DEATH (Enter only one cause one line for (a) (b) and (a)
ST.	24 HOUR CONG W PERMIT. SIENE, D		PARTIDEATH WAS CAUSED BY:
PRESTON	X S S S S S S S S S S S S S S S S S S S		429/ IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF
2	MITHIN VCIL IN INER A RANSIT RANSIT R REMO		Conditions, if any, which
	RAPARA		gave rise to immediate (b)
201 W.	Y O Y		couse (o) stating the <u>under-lying couse lost.</u> DUE TO, OR AS A CONSEQUENCE OF
			(c)
DIVISION OF VITAL RECORDS.	ULD BE EXECUTED "PENDING" IN PR EF MEDICAL EXAM EF MEDICAL EXAM EF MEDICAL EXAM EF MEDICAL EXAM AL, CREMATION, (	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)
8	ULD BE EXE PENDING F MEDICAS ED AS A BU HEALTH AI IL, CREMA	CERTIFICATION	None,
2	SHOULD ORD "PE CHIEF A E USED T T OF HE	3	190. DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY?
È	WORD WORD WORD HE CHIE SINT OF	Ē	None YES NO D
J.	OF DE WE	E E	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
Ž	SECONAL DESIGNATION OF THE PROPERTY OF THE PRO		UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19
SIS	CERTIFING DED TO	MEDICAL	21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 211 LOCATION
2	ARITING ARDER 30 30 11 20 11 20 11	X	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
	F>><45		
	L EXAMINER: 7 E CERTIFICATE, JUID BE FORV L DIRECTOR: F H, WITH THE ST MARYLAND, 3		220. I certify that I took charge of the remains described above, held on Autopsy . Inspection Inquiry . ond in my opinion
	A F F F F F F F F F F F F F F F F F F F		death resulted from: Notural causes . Accident ., Suicide, Hamicide, Undetermined manner,
	CERT CERT UID UID WAR		TITLE (SPECIFY)
	AHONE H		SIGNATURE M.D. DEP MEDICAL EXAMINER SIGNED P 126/1964
	ORAN SET		
	TO MEDI EXECUTE PAGE 4 TO FUNE AFTER DE BALTIMO		TYPE OF PRINT]ADDRESS
	TO MEDICAL E EXECUTE THE C PAGE A SHOUL TO FUNERAL AFTER DEATH, P BALTIMORE, M	23a. B	
	BP		Gremation   Sept. 27,82   Lee's Crematorium   Washington, DC
			JNERAL DIRECTOR Y ADDRESS 520 S. Washington St 250. DATE REC'D. BY REGISTRAR'S SIGNATURE
	DHMH - 17 (VR A15 ME (5))	D	emaine Funeral Home Alexandria, Va. 22314 OCT 4 1982 John & Court
	20M 4/82		

Martin Committee of the The state of the s Compression of the State of the and the state of t The next together

he !	FOR STATE REGISTRAR			DEPARTMENT	OF HEALTH		AL HYGIENE	H 2 REG. NO	2 4 0 4	1 1
(M)	1. DECEASED NA	ME FRST		Ladd		learing	20.	DATE KNOWN TO FESTI-	MONTH DAY YEAR	1.0.11001
DIRECTOR OUR CT CON STREET	Female	4. RACE White	Jul. 7,	1903 79	(IN YEARS IF UT IRTHDAY) MONT YRS.	DER 1 YR. IF UI	NDER 24 HRS. 2c. JRS MIN PRO	DATE ONOUNCED DEAD	9/2 19 8	R HOUR
S WITHIN	BIRTHPLACE FOREIGN COUNTS	ECTICUT	U.S.A.	HAT COUNTRY?	8. MARR WIDOV	IED NEVERA	VORCED [	- Montgomer	y County	MD.
SEASE OF SEASE		Spring	(IF NOT IN SUCH FA	SPITAL, NURSING F CILITY, GIVE STREET ADD Reading	Road	ier institution	FOR MOST	OCCUPATION (TYPE TOF WORKING LIFE) TIONAL GEO	E OF WORK 12b. KIND OF E OR INDUS	SUSINESS
AND SETAN	Maryla			13c. CITY OR TOV Silver	VN	13d. INSIDE CITY LIM	13. STREET 8815	ADDRESS Reading	Road	
DEATH IS SES 1, 2, A PM 3, AND 2 S		THUR	MIDDLE I.	LAST	ALL	FIRST	MAIDEN NAME BEL	W.	SOUL	E
BALTIMORE URS AFTER DEA S. GIVE PAGES WITH FORM P C. PAGES I AN DIVISION OF	YES, NO, OR UNK	SED EVER IN U.S. AR.	MED FORCES? WAR OR DATES)	166 SOCIAL SEC 579-48-		J. ROB	ATTORNEY ERT CAREY		0111 COLESV SPRING MD	ILLE R
3 65 × 1-0	18 CAUSE PARTII	OF DEATH (Enter on DEATH WAS CAUSE MMEDIA	D BY: TE CAUSE (a)	far (a), (b), and (c)  Metastati  AS A CONSEQUE	c carci	noma			APPROXIMA BETWEFN ON	ATE INTERVAL
W. PRESTONS  WITHIN 24 H  ENCIL IN 11E  MINER ALCH  TRANSIT PER,  INTAL HYGIEN  OR REMOVAL.	gave couse	ions, if any, which rise to immediate o) stating the <u>under-</u>	(b)	endometri AS A CONSEQUE	al carc	inoma.		25.57.4		
RECORDS, 201 W. P. D. D. B. E. EXECUTED WIT PENCY MEDICAL EXAMINA, AS A BURIAL - TRA EATH AND MENTA CREMATION, OR F.	PART 2 DINER	ouse last.  SIGNIFICANT CONDITIONS	(c)CONTRIBUTING TO DEATH	BUT NOT RELATED TO TN	E TERMINAL DISEAS	E DR (DNDITION GIVE	N IN PART 1 (g).			
HTAL RECORDS, SHOULD BE EXECTORD "PENDING" CORD "PENDING" CORD "PENDING" CORD "PENDING" CORD TO FINE AND TO FINE A	NOT 210 EXTERN	DF OPERATION	None	TION FOR WHICH	OPERATION W	AS PERFORMED	?		2D AUTOPS	Y?
W W W W W W W W W W W W W W W W W W W		DE NAL CAUSE WAS		MONTH DAY	YEAR		CURRED (ENTER NATU	JRE OF INJURY IN ITEM 18 P	YES  PART 1 OR PART 2)	NO <u>X</u>
= < < > > = 0	V	OCCURRED  NOT WHILE AT WORK	21e PLACE		AE. 21f LO	CATION STREET	Cr	TY OR TOWN	COUNTY	STATE
ANNER: TE FICATE, V SE FORW CTOR: PA CTOR: PA L'AND, 2:		rtify that I taak chorg	ge af the remains des	Accident .	an Autop	sy , Insp		Inquiry , an	d in my apınıan	
MEDICAL EXAMIN ECUTE THE CERTIFIC GE 4 SHOULD BE TENNERAL DIRECT TER DEATH, WITH I	ACTUAL SIGNATUR	6	91	2//	Jero	TITLE (SPECII Po Deput	ty MEDICA	LEXAMINER	DATE SIGNED 9/2/	82
	EXAMINER (TYPE OR	MNT)JOI	nn S. Roge			ADDRESS Si]		ng, Montg	omery, Md.	
BP	(SPECIFY)	CREMATION	9/3/82	METR		N CREMATORY	TORY A  DATE REC'D. BY REC	LEXANDRIA		STATE
DHMH - 17 (VR A15 ME (5) ) 15M 2/80	NAME	UNIV. BLVD	CIS J. CO. W. SILVI		.MD. 20	901	SEP 8	1982 2	00.	. 1

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and rampinitivities that in by the should be detached for use as the burial-transit permit. Then please remove carbanpapers. Fagur 1 and 2 thould be fitted with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

STATE OF MARYLAND			
NT OF BEALTH AND MENTAL HYCHENE	13	113	

0000 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

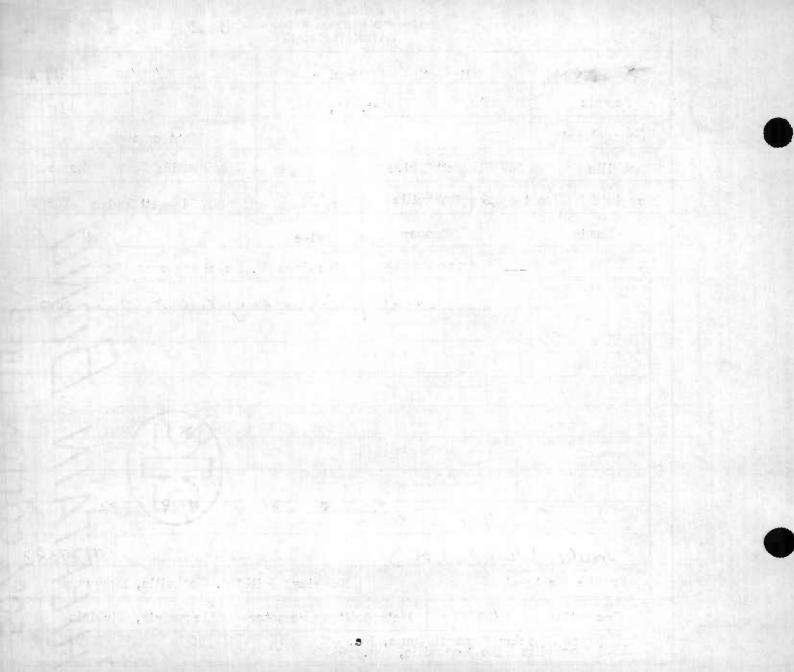
	REGISTRAR				ICATE OF DEATH	REG. N	O.		
TYPE OF	EASED NAME	FIRST	MIDDLE	i	AST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR	
1	DECL		Elizabeth	I	Degel		9/29/82	11/	
3. SEX	Female	4 RACE Whit	e	S. DATE OF BIRTH Oct. 16, 1897			6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR MONTHS DAYS		
Vo. BIRT	THPLACE (STATE OR FO	oreign 76 CITIZEN O US	F WHAT COUNTRY? <b>A</b>	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	tgomery	ATH	
	ockville		HOSPITAL, NURSIN UCH FACILITY CIVE PREE aggett Dri		DR OTHER INSTITUTION	120. USUAL OCCUPAT	ION DEWORKING (IFE) IND	KIND OF BUSINES	
Ma	aryland	ng home or other institution 13b County Montgomer	y 130 Rockvil	te ADMISSION)	13d. INSIDE CITY LIMITS? YES X NO [	13e STREET ADDRESS 307 Cla	ggett Driv	ve 20851	
14 FATE	HER'S NAME Lewis	WIDDLE	Cooper	2	Olive	WE	V	ail	
	S NO OR UNKNOWN)	N U.S. ARMED FORCES?	115 05 9		Theodore W	. Degel sam			
	4275 Canditions, if any, gave rise to imm. cause (a), stating	which (b)_ lediote g the DUE TO, (	OR AS A CONSEQUE	ENCE OF	pulmena	ng and	1	lu liss	
P	4275 Canditions, if any, gave rise to imm cause (a), stating underlying cause	which (b) DUE TO, (c) which lediote as the last (c) DUE TO, (c) DUE TO, (d) DU	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN P	7.34	
P	4275 Canditions, if any, gave rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN Pa DATE OF OPERATI	which (b) DUE TO, (c) DUE TO, (c) DUE TO, (c) DUE TO, (d) DUE TO,	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON	20b. IF YES, WERE IN CERTIFYING CO	FINDINGS USED LAUSES OF DEATH NO	
CERTIFICATION	Canditions, if any, gave rise to immocause (a), stating underlying cause  PART 2 OTHER SIGN  Pa DATE OF OPERATION  CONTRIBUTING (FEITHER NOTIFY MEDIC)	Which   DUE TO, (which lediote go the last   DUE TO, (c)    IFICANT CONDITIONS CONDITION	OR AS A CONSEQUE	ENCE OF  DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	20b. IF YES, WERE IN CERTIFYING CO	FINDINGS USED LAUSES OF DEATH NO	
MEDICAL CERTIFICATION	Canditions, if any, gave rise to imm cause (a), stating underlying cause  PART 2 OTHER SIGN  ODATE OF OPERATION  OR CONTRIBUTING CAUSE	which lediote of the local terms of the lediote of the local terms of	OR AS A CONSEQUE  CONTRIBUTING TO D  DITION FOR WHICH  OF INJURY  A.M. MONTH DA	ENCE OF  DEATH BUT  OPERATIO  AY YEAR  19	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CON	20b. IF YES, WERE IN CERTIFYING O	FINDINGS USED LAUSES OF DEATH NO	
MEDICAL CERTIFICATION	Canditions, if any, gave rise to imm. cause (a), stating underlying cause  PART 2 OTHER SIGN  PART 2 OTHER S	Which lediote the lost (c) DUE TO, (c) LIFICANT CONDITIONS (C) LIFICANT CONDIT	OR AS A CONSEQUE  CONTRIBUTING TO DE  DITION FOR WHICH  OF INJURY  A.M. MONTH DA  P.M.  E OF INJURY  IREE! FACTORY OFFICE.F.	ENCE OF  DEATH BUT  OPERATIO  AY YEAR  19  ARM ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCURE  211 LOCATION	200 AUTOPSY?  YES NOTER NATURE OF INJU  CITY OR TO	20b. IF YES, WERE IN CERTIFYING O YES ON THE MIRE PART I OR ON THE	FINDINGS USED AUSES OF DEATH NO  RART 2)	
MEDICAL CERTIFICATION	Canditions, if any, gave rise to imm cause (a), stating underlying cause  PART 2 OTHER SIGN  PART 2 OTHER SI	Which lediote go the lost (c)	OR AS A CONSEQUE  CONTRIBUTING TO DE  DITION FOR WHICH  OF INJURY  A.M. MONTH DA  P.M.  E OF INJURY  IREE! FACTORY OFFICE.F.	ENCE OF  DEATH BUT  OPERATIO  AY YEAR  19  ARM ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCURR  21l. LOCATION STREET  21d that in (my) (aur) Opinian of DEGREE	200 AUTOPSY?  YES NOTER NATURE OF INJU  CITY OR TO	20b. IF YES, WERE IN CERTIFYING COUNTY IN ITEM IB PART LORI	FINDINGS USED AUSES OF DEATH NO	

<sup>24 FUNERAL DIRECTORS</sup> on Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville, Md. 20852

DHMH - 16 50M 1/81 (VRA 15, 4)

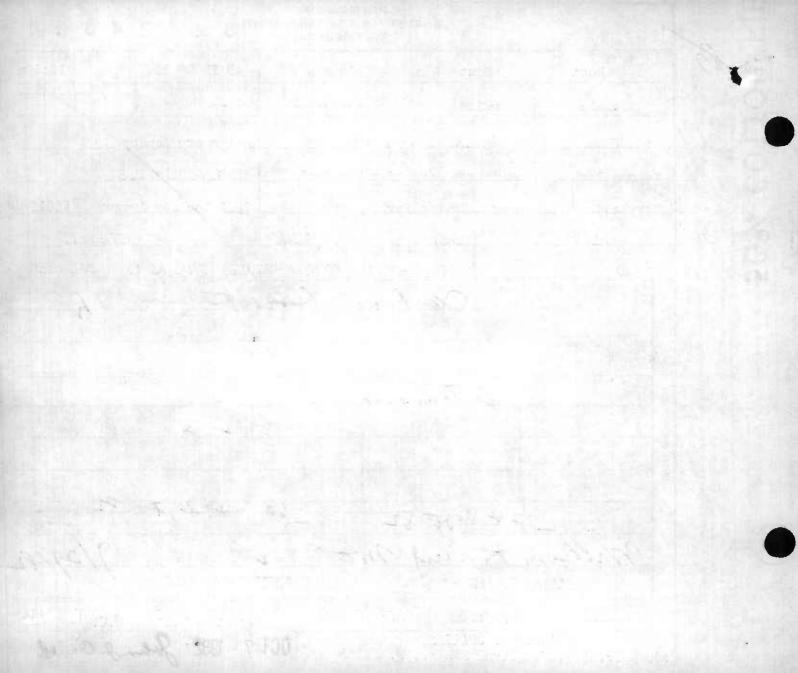
BP.

etained by the haspital ar attending physician.

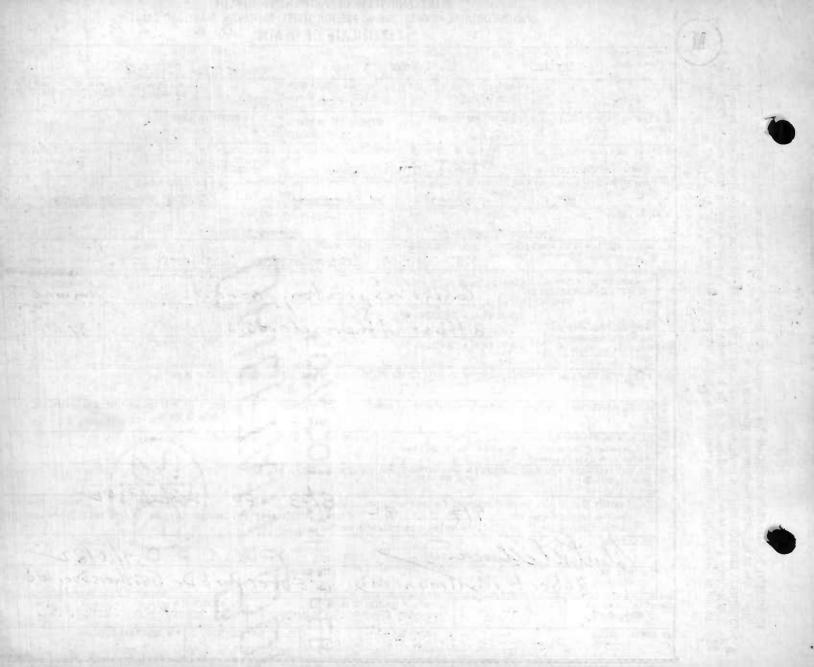


· A property Male White Sep. 1, 1905 77 Montgomery County This se lark State Hower Avenue Services Nursecrety Esteem Force Acute myserreful Statute chronic myocardial discuse. 38/23/82 Norty 1919 Seminary Ross Silver Spring, Montgomery, No. John & suggra, H.D.

	FOR  STATE REGISTRAR	DEFARI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. N	2 4	0 4 4
	CEASED NAME FIRST (CEASED NAME)  Ruth	East	Deluca	20. DATE OF DEATH 9 X8 29	MONTH DAY YE	26 HOUR 10:40
3 SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BI		YEAR IF UNDER 24 HRS
7	female	white	01/16/1903	79	YRS	
	IRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEAT	Н
1	MICHIGAN	U.S.A.	WIDOWER DIVORCED	Montgomery		٨
7/10 C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION TADDRESS)	12a USUAL OCCUPAT	ION 12b. KI	ND OF BUSINESS C
	Cakoma Park	Washington Adve	ntist Hospital	REGISTERE		
l la	STATE 131 COL			13e STREET ADDRESS		
		Geo. Takoma	Park YESXXX NO	7902 Lock	ney Avenue	20912
VLF.	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME		LAST
2/1_	ALVA	EAST	LENA	7.1000	STAR	RETT
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECT		ADDR		
4	NO	578-46	6-9977 ANTONINA N	ATOLI SAME	AS 13	DAUGHTER
	18 CAUSE OF DEATH (Enter of	anly ane cause per line for (a), (b), ar				PROXIMATE INTERVAL VEEN ONSET AND DEAT
	PART I. DEATH WAS CAUS	SED BY. ATE CAUSE (0) Clar	Dine an	est	1	1
	42/0 11/11/2017	DUE TO, OR AS A CONSEQU				7
	Canditians, if any, which	(b)	ENCE OF			
	gove rise to immediate cause (a), stating the					
	underlying cause lost	DUE TO, OR AS A CONSEQU	ENCE OF		445	
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN IN PAR	PI lies
N N		arlen	- 0.			
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FI	NDINGS USED
Z   E				YES 5	IN CERTIFYING CAL	JSES OF DEATH?
N N	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU			The same of the sa
	OR CONTRIBUTING CAUSE OF DE		AY YEAR			
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	21f LOCATION			
	WHILE NOT WHILE I	(AT HOME STREET, FACTORY OFFICE,		CITY OR TO	OWN COUNT	Y STATE
×						
¥	AT WORK			0 9 00	12 81	
W	220.1 certify that (I) (this hosp	pital) attended the deceased from	and that in (my) (and gaugin	10 99 80	17 1982	, that (l) (we) l
W	22a.1 certify that (1) (this has sow the deceased alive a abave, (1) (see) (did) (did)	pital) attended the deceased from 19	and that in (my) (ow) aprinion	to JA 30 and the d	12 19 82 ote and hour and from	that (I) (we) I the couses stated
W	220.1 certify that (I) (this hosp		DEGREE		234.0	, that (I) (we) li
W	27a. I certify that (I) (this haspens sow the deceased alive a abave, (I) (sue) (did) (did) (27b. SIGNATURE	non view the body after death.	DEGREE ATTENDING PHYSICIAN	n death occurred on the d	126g	=, that (I) (wa) long the couses stated
7	270.1 certify that (I) (this hose sow the deceased alive a obove. (I) (see) (did) (did) (270.5 SIGNATURE)	or view the body after death.	DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STA	FF 9	=, that (I) (we) lot the couses stated
7	270.1 certify that (I) (this hose sow the deceased alive a obove. (I) (see) (did) (did) (270.5 SIGNATURE)	non view the body after death.	DEGREE ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STA	FF 9	that (II (wa) lo the couses stated
730 1	270. I certify that (I) (this hosp sow the deceosed alive o above. (I) (see) (did) (did) (27b. SIGNATURE 27b. SIGNATURE WILLIAM WILLIA	OR PRINT)  AM D. AUD  1236 DATE  236	DEGREE ATTENDING PHYSICIAN 220 ADDRESS SILVER SPR NAME OF CEMETERY OF CREMATORY	MEDICAL STA DIRECTOR   PHYSIC	FF JAN D	that (II (we) Ic the couses stated
730 1	270.1 certify that (I) (this hose sow the deceased alive o obave. (I) (see in 172b. SIGNATURE  272d PHYSICIAN'S NAME (TYPE WILLIAM)	OR PRINT)  AM D. AUD	DEGREE ATTENDING PHYSICIAN  270 ADDRESS SILVER SPR	MEDICAL STA DIRECTOR   PHYSIC	FF IAN D	129/1
230 1	270.1 certify that (I) (this hose sow the deceased alive a obove, (I) (see) (did) (did not	OR PRINT)  AM D. AUD  1236 DATE  236	DEGREE ATTENDING PHYSICIAN 220 ADDRESS SILVER SPR NAME OF CEMETERY OF CREMATORY	MEDICAL STA DIRECTOR PHYSIC ING, MARYLAN	FF ND D.C.	139/8



# N	1			ECORDS, 301 W.	· ·	LTIMORE, MARYLAND 21201	4045
# - (M)		ECEASED-NAME First		iddle	CATE OF DEATH	2a. DATE OF DEATH	2b. HOUR
r dea' unero 1 an	3. 5	Type or print) Ioni	Le M.	DeMar	S. DATE OF BIRTH	5 ept. 8, 1982	Year 'M  IF UNDER 1 YEAR   IF UNDER 24 HRS.
s after the fur ages l	0. 3	Female	Black		Oct. 15, 1	884   last birthday) 97 YRS.	MONTHS DAYS HOURS MIN.
24 hours after death ed in by the funeral paers. Pages I and 172 haurs after death		BIRTHPLACE (State ar fareign ntry) MD.	7b. CITIZEN OF WHAT COUNTI	RY? 8. MARRIEI WIDOWEI	NEVER MARRIED DIVORCED	9. COUNTY OF DEATH MONTGOMERY	Md.
cauted within 24 hours after deat completely filled in by the funerance carban papers. Pages I and contravithin 72 haurs after deat	10.	Gaithersburg	11. NAME OF HOS give street addre 17604	PITAL OR INSTITUTION (III	nat in hospital 12a. Utduring	SUAL OCCUPATION (Kind of work done mast of warking life, even if retired.) HOUSEWITE	12b. KIND OF BUSINESS OR INDUSTRY
uted v amplete	13o. odm	USUAL RESIDENCE (Where decedission) STATE		nce befare 13c. CITY (			oia Drive
s exec	14.	FATHER'S NAME First	Middle	Last	IS. MOTHER'S MAIDEN NAME		lost
ع ق ق			esley Chambers		Roset	ta Riggs	
rrificate be ex physician and en please ren aval, and the		WAS DECEASED EVER IN U.S. AR (es, no, or unknown) (11 yes give	uns or dates of consists)		INFORMANT Roger Garris	on (Son) same As	
PHYSICIAN: The law requires that the death certificate be executed within e haspital ar attending physician. his certificate has been signed by the attending physician and campletely fills stacked far use as the burial-transit permit. Then please remove carban po Dept. at Health priar to burial, crematian, ar remaval, and man within the control of t		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)	D DV	(b), ond (c).)	iraton,	arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  , M. M. C.
that the dian. Ion. by the att fransit perr		Canditions, if ony, which gave rise to immediate cause (o),	DUE TO, OR AS A CONSE	QUENCE OF After	erosilere	, इंड	415
equires that t physician. signed by the burial-transit burial, crema		stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF			
requires ng physici en signed en signed ne burial-ltg burial,	Z	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED	TO THE TERMINAL DISEASE C	DR CONDITION GIVEN IN PART 1(0)	
The law reattending has been se as the h priarta	CERTIFICATION	19a. DATE OF OPERATION 19b	. CONDITION FOR WHICH OPERAT	TION WAS PERFORMED	20a. AUTOPSY?  YES NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
SICIAN: The spital ar attended ar attended for use and Health p	MEDICAL CER	21 o. ACCIDENT WAS UNDERLYI  or contributing cause of dev (If either, notify medical exam	TH HOUR A.M. Month	Doy Year	HOW INJURY OCCURRED (E)	nter nature of injury in Part 1 or Port 2,	Item 18.)
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital ar attending physician.  SIRECTOR: After this certificate has been signed by le 3 shauld be detached far use as the burial-trared with the State Dept. af Health priar ta burial, cre	ME	21d. INJURY OCCURRED 21e While Not while	. PLACE OF INJURY (AT HOME, FA	RM, STREET, FACTORY.) 21f.	LOCATION Street ar R.F.D.		County State
ATTENDING stained by the CTOR: After 1 should be dith the State		22a. I certify that (I) (the saw the deceased	nis haspital) attended the	e deceased from_	8/23 , 19 nd that in (my) (aur) o	ppinian death accurred an the d	that (I) (we) last
TOR: haule th th		causes stated abov	e, (I) (we) (did) (did nat)	view the body afte	death.		DAPE SIGNED
y be re y be re t DIREC age 3 s filed wil		Columbia	ellma	W DE	GREE PHYS.		10/82
O HOSPITAL OI Page 4 may be O FUNERAL DIR directar, page shauld be filed		22d. TAYSICIAN'S NAME (Type) ROB	ert mitte	nan m)	220. ADDRESS 15 EDEC	- Park Dr Guit	hersburg Md
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to	230	BURIAL, CREMATION, 23b. REMPS(AL(Silecif))	9-11-82 E	. NAME OF CEMETERY OF Brooke Grov	e Cemetery	23d. LOCATION (City or Town) Laytonsville,	
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR George R. St	nowden Rockvi	Washingto lle, Md. 2		D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE



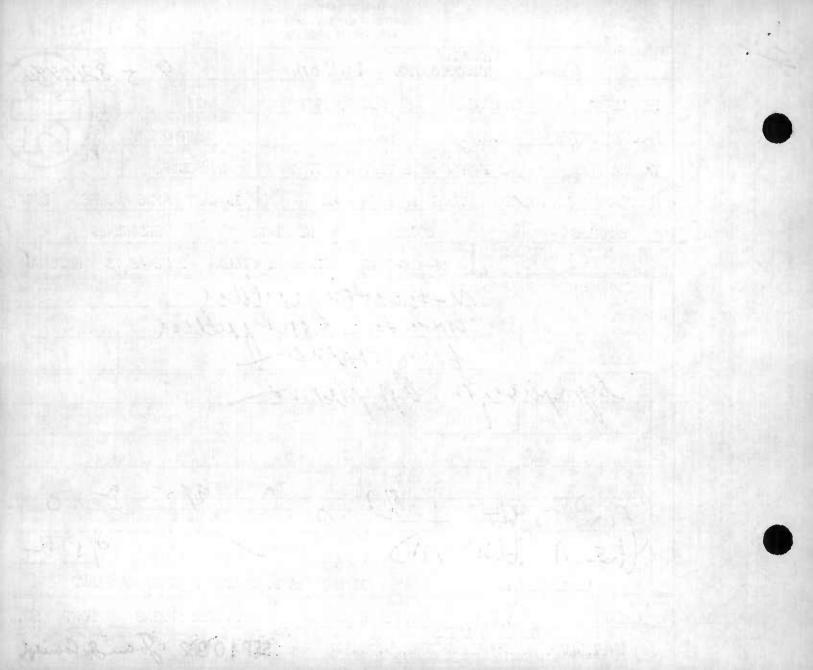
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😭 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 7b. HOUR TYPE OF PRINTS September 20, 1982 Justine DeMattio He1en 10:20/ 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) female Caucasian 24. 1923 June TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED XX NEVER MARRIED Ohio United States Montgomery WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) Rockville 18104 Hollingsworth Drive Housewife Home JSUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

30. STATE

131. CITY OR TOWN 13. STREET ADDRESS 18104 Hollingsworth 13d. INSIDE CITY LIMITS? Rockville Maryland Montgomery (20855)YES X NO I 15 MOTHER'S MAIDEN NAME Tracy Perfect 71ifford Cecyle Wallace 166 SOCIAL SECURITY NO. 18104 Flo1lingsworth Drive 17. INFORMANT NO 302-24-3616 James R. DeMattio, Rockville, Maryland 20855 18 CAUSE OF DEATH (Enter only one couse per line for (o) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, Rogers 96 CONDITION FOR WHICH OPERATION WAS PERFORMED YF YES, WERE FINDINGS USED 20n AUTOPSY3 IN CERTIFYING CAUSES OF DEATH? NO F 71a ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM ETC.) NOT WHILE 22a certify that (I) (this hospital) attended the deceased from 82 sow the deceased alive on\_ ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (was laid) (did not) view the body after death 226. SIGNATURE DEGREE 77¢ DATE SIGNED ATTENDING MEDICAL 20. 1982 DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) hould be 18111 Prince Philip Dr., Olney Md. Donald E. Dillon, MD 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Buria1 East Avenue Cemetery New Philadelphia Ohio Rockville, Maryland DHMH - 16 50M 1/81 Robert A. Pumphrey Funeral Homes, P.A. (VRA 15, 4)

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MARYLAND 21201



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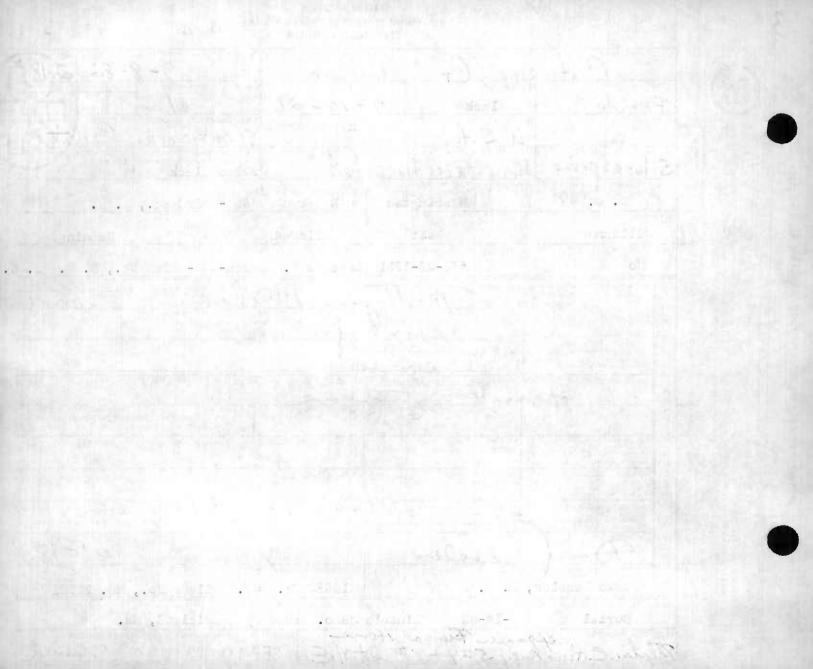
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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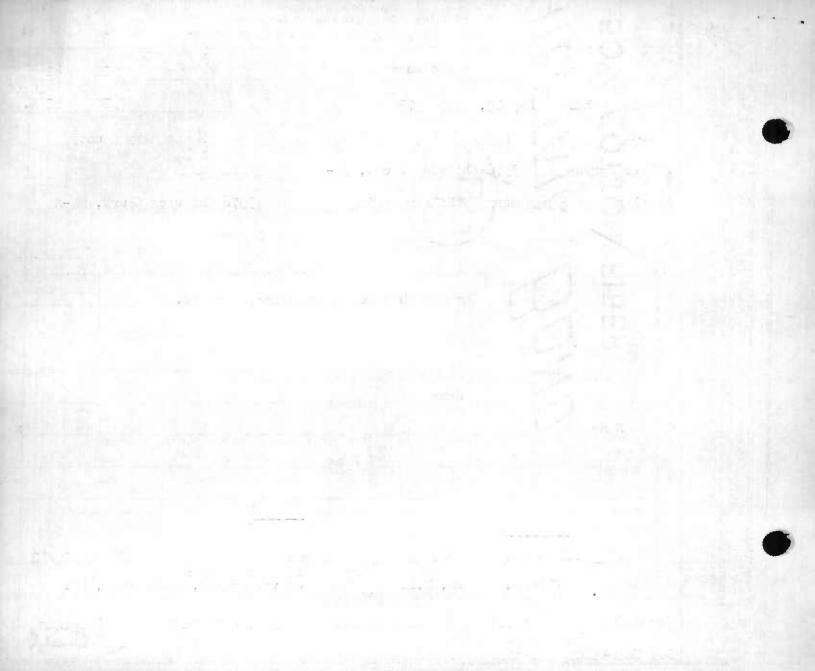
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r line requires that the death cer as been signed by the attending penial. Then please remove carbot we privat to bursal, commissions as re- ex any injury, as other tradimetric.	HCATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) T CONDITIONS CONTRIBUT	ONSEQUENCE OF ING TO DEATH BUT	NOT RELATED TO THE TERMI	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT
ATTENDING PHYSICIAN TH Nephal or saterading abording CTOR. After the certificially differ use or the boundationals: or breath and Membal Physics is a health and Membal Physics is a manked as from 18 shop	MEDICAL CERTI	The ACCIDENT WAS INDURITYING OR CONSTRIBUTING CAUSE OF LESS FROM THE NUMBER OF CAUSE OF LESS FROM THE NUMBER OF CONSTRUCTION OF CAUSE OF C	HOUR A.M. MOI P.M. 21e PLACE OF INJUR (AT HOME, STREET, FACTOR	Y Y, OFFICE, FARM, ETC.)	211. LOCATION STREET  19 and that in (my) (our) opinion de	CITY OR TO	
HOSPITAL OR J med by the ho FUNERAL DIRE- did be dehocked to the State Dept ORTANT, if her	-	276 SIGNATURE	Alesso PRINT)		22e ADDRESS	MEDICAL STAF	222. DATE SIGNED 9/3/2 Sp., Md. 20902



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) ESTI-OF Faye Rosecrance Eberth DEATH MATED 9/20 82 19 3 SEX 4 RACE S DATE OF RIPTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED May 19, 82 DEAD Female White 1909 19 70 BIRTHPLACE 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED Michigan WIDOWED X DIVORCED Montgomery County ID CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 3576 Silver Spring Chiswick Court. Housewife USUAL RESIDENCE (IE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13a STATE 20906 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Montgomery Silver Spring YES [ 3576 Chiswick Court, #1-A NO [ 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME ANDOLE LASI MIDDLE Unknown Unknown ADDRESS 1825 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT DIVISION T St. N.W. Nephew (YES, NO, OR UNKNOWN) Eberth Washington, D. C. Robert W. ALONG WI 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: Chronic obstructive pulmonary disease. MAMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A ! CERTIFICATION None E 3 SHOULD BE USED A DEPARTMENT OF HEA TO PRIOR TO BURIAL, O 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? None YES [ NO TY 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY RDED TO THE GE 3 SHOULD F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH None 21d INJURY OCCURRED 21e PLACE OF INJURY SATHOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE NOT WHILE COUNTY PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 Inspection X 22a. I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my apinion Notural causes Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy 9/20/82 SIGNATUR MEDICAL EXAMINER 1919 Seminary Road XAMINER'S NAME John S. Rogers, M.D. Silver Spring, Montgomery, Md. (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Metropolitan Crematory Alexandria Cromation BP. 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGN Francis J. Collins **DHMH-17** (VR A15 ME (5)) 500 University Boulevard, W. Silver Spring 15M 2/80



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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M	REGISTRAR  1. DECEASED NAME FIRST	CERTI	FICATE OF DEATH	REG. NO.	DAY YEAR 26 HOUR
poge 3	(TYPE OR PRINT) May		teldman	Sept. 8	1, 1982 12 AM
offer	3. SEX MALE	MONI		6 AGE (IN YEARS (AST BIRTHOAY)	MONTHS DATS HOURS MIN.
9/00	MALE 70 BIRTHPLACE (STATE OR FOREIGN		IARY 22, 1953	9 BALTIMORE CITY OR COUNT	Y OF DEATH
64	WASHINGTON, D.C.	u.s.A. IWIDOW			MERY COUNTY MD.
7/	TAKOMA PARK	WASHINGTON TOVENTI	ST HOSPITAL	120 USUAL OCCUPATION  (TYPE OF WORKING L	126. KIND OF BUSINESS OR INDUSTRY SALES
31		or other institution, give residence before admission) UNTY NTGOMERY SILVER SPRIN	13d. INSIDE CITY LIMITS? GYES NO [	130 STREET ADDRESS 733 SLIGO AVEN	IUE, APARTMENT 210
NE ST	LOUIS	MIDOLE FELDMAN	MIRTAM	WIDOTE	DECHTER
e medico	NO S NO OR UNKNOWN) (IF YES.	ARMED FORCES? 166 SOCIAL SECURITY NO. 21,5-48-2299	GERALD Y.	DECHTER, SILVER	REGORIA DRIVE R SPRING, MARYLANI
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shaws on)	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	IN CERTI	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
Item 18 sh	On continuous Control of	DEATH HOUR A.M. MONTH DAY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
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21 is mor	22a I certify that (I) (this has sow the deceased alive (	pital) attended the deceased from 19 52	nd that in (my) (our) opinion of	deoth occurred on the date and ha	, 19 that (I) (we) last our and from the causes stated
MAPORTANT: If Item	226. SIGNATURE	Farmaskat	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 9/8/82
MPORTANT	TONY P. K	ANNARKAT	22e ADDRESS 820/ 16 th 9		Silver grong mi)
5 4	230. BURIAL, CRÉMATION, REMOVA BURIAL	14-44	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
1/B1		N HEBREW MEMORIAL FUNI		E REC'D. BY REGISTRAR 25 REGIS	HURCH, VIRGINIA STRAR'S SIGNATURE
, ,	232 CARROLL ST	REET. N. W. WASHINGTO	N. D. C. SE	P 1 4 1982 Joan	ingle Cahrely

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	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 2.	2	4 0	5 5
		EASED NAME	FIRST		MIDDLE	l	AST	20 DATE OF DEATH		YEAR	2b. HOUR
		Ch	arles	Sa	muel	Fi	itzgerald	September		32	3:20 %
	3. SEX			4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY] IF U	NDER I YEAR	IF UNDER 24 HRS
	M	ale		Negro		11/	11/1938	43	YRS		
47		St. of Col			WHAT COUNTRY?	MARRIE WIDOWE	D X NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF Montgomery	•	DEATH	MD.
76	В	Y OR TOWN OF DEA ethesda	1	The Cl	inical C	enter	NIH	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Transportation)	WORKING LIFE)	INDUSTRY	of BUSINESS OR
7	130. S Wa	shington,	DC DC		13c. CITY OR TOV	VN		13e STREET ADDRESS 404 Ritten	house S	St., 1	W
1		thaniel Ch	arles	Fitzge	rald		Marie Ann M	addox		LAS	51
3	(1)	AS DECEASED EVER FS NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES}	579-50-		Mrs. Marth	a Fitzgerald		, sam	e
		18 CAUSE OF DEAT! PART I. DEATH W  Conditions, if any, gove rise to imm couse (0), statine underlying couse	which	DUE TO, O	R AS A CONSEOU  R AS A CONSEOU  R AS A CONSEOU  R AS A CONSEOU	JENCE OF Stenos	lar dysfuncti is	on		2 ho	
	CERTIFICATION	PART 2 OTHER SIGN	1				NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, W	ERE FINDII G CAUSES	NGS USED
1	CAL	218. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR WHILE AT WORK NOT WH AT WORK	AUSE OF DEAT (AL EXAMINER) (ED	P. 21e. PLACE	M. MONTH D M.	19	21c. HOW INJURY OCCUR  211. LOCATION STREET	RED (ENTER NATURE OF INJUR	Y IN ITEM TO PART		STATE
		220.1 certify that the saw the decease above, (IXwexto		8 Septe	ofter death.	32	nd that in (Ay) (our) opinion DEGREE ATTENDING PHYSICIAN [	depth accurred on the do	ite and hour or		that (X(we) lost couses stated
		THE PHYSICARS NA	30	ffrey	E. Sel		22e. ADDRESS The C	linical Cent of Health, I	ter, Na	tiona a, Md	

That it utes of Health, Bethesda, Md

230. BURIAL, CREMATION, REMOVAL

158FC (FY)

BP

DHMH - 16 50M 4/B2
(VRA 15, 4)

The stitutes of Health, Bethesda, Md

231. NAME OF CEMETERY OR CREMATORY

Maryland Natl. Mem. Pk.

1230. BURIAL, CREMATION, REMOVAL

231. NAME OF CEMETERY OR CREMATORY

Wash., D.C.

250. DATE REC'D. BY REGISTRAR'S SONATORS

Wash., D.C.

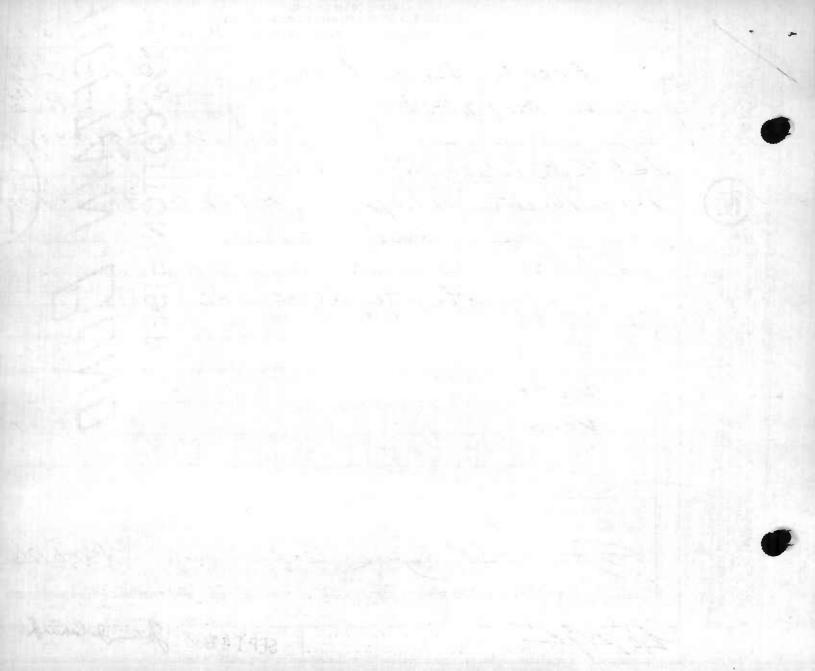
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MCGuire Funeral Serv. 7400 Georgia Ave.N.W.

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	1		STATE OF MARYLAND	
/	11-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	4057
*/		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	103/
1-11		PE OR PRINT)	MIDDLE (AST OF ESTI-	DAY YEAR 26 HOUR
2 2 2 2 2 E		FVZY	at James / 2 nnevy DEATH MATED DOPY	16, 1982 m
375-575 375-57	1 SE		5. DATE OF BIRTH 6. AGE (IN YEARS   IF UNDER 1 YR. IF UNDER 24 HRS. 76. DATE MANTH	DAY YEAR 24 HOUR
SARY, PLE AL DIRECT YOUR R YOUR SITON STR	200	111 11/1	MONTH DAY YEAR LAST BY HOAYS HOURS MIN. PRONOUNCED DEAD DEAD	6 1988 CM
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NEGSSA FUNERAL S FOR Y WITHIN	4	EIGN COUNTRY)		markas
Z 10 to 3 4		eorgia ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF YORK)	126 KIND OF BUSINESS
*도움골목*/	1	72 × 12 16	(IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)	OR INDUSTRY
See See	elSU	AL RESIDENCE (IF IN NURSING HOME OR C	OTHER INSTITUTION CAVE RESIDENCE REFORE ADMISSIONII	Pan Am Air-
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I 200	14.F	ATHER'S NAME FIRST	MIDDLE LAST IS MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
ORE,	1		ames Flannery Henrietta	Bailey
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, Q . > . O		18. CAUSE OF DEATH (Enter only o	one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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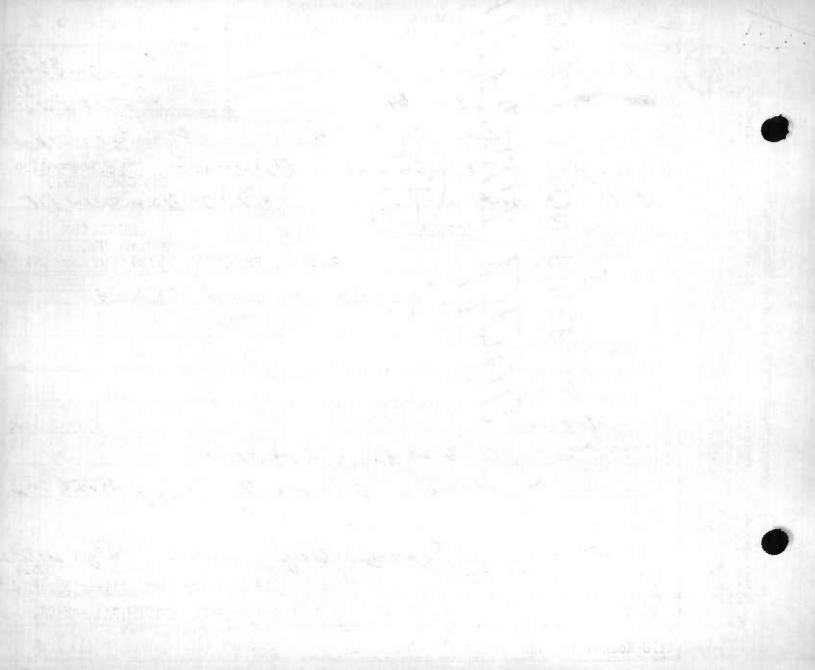
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MIDDLE

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REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

(SPECIFY) Marshall, Va. BP. Burial 9/30/82 Marshall Cemetery 24. FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4) Hines/Rinaldi 11800 N.H.Ave.S.S.Md.

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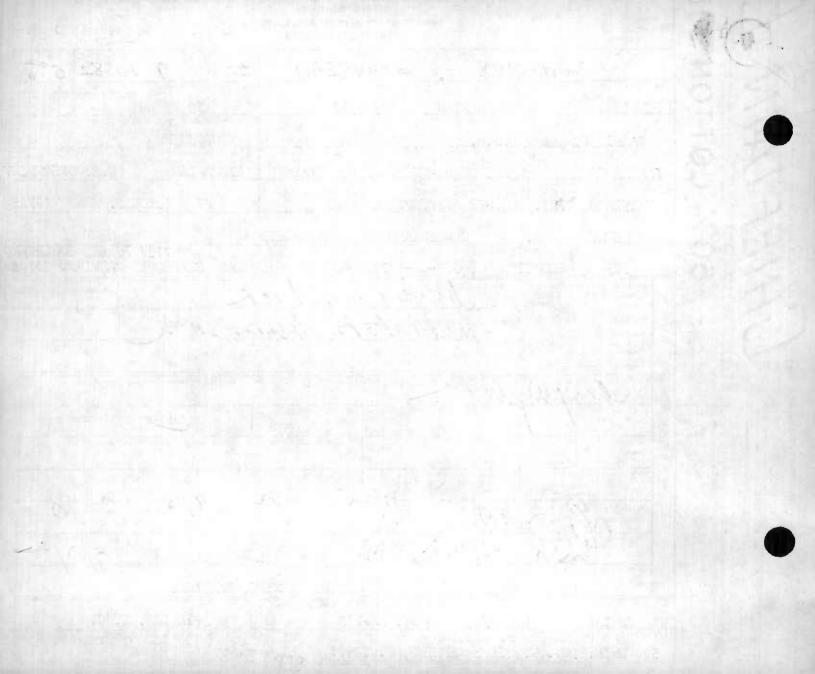
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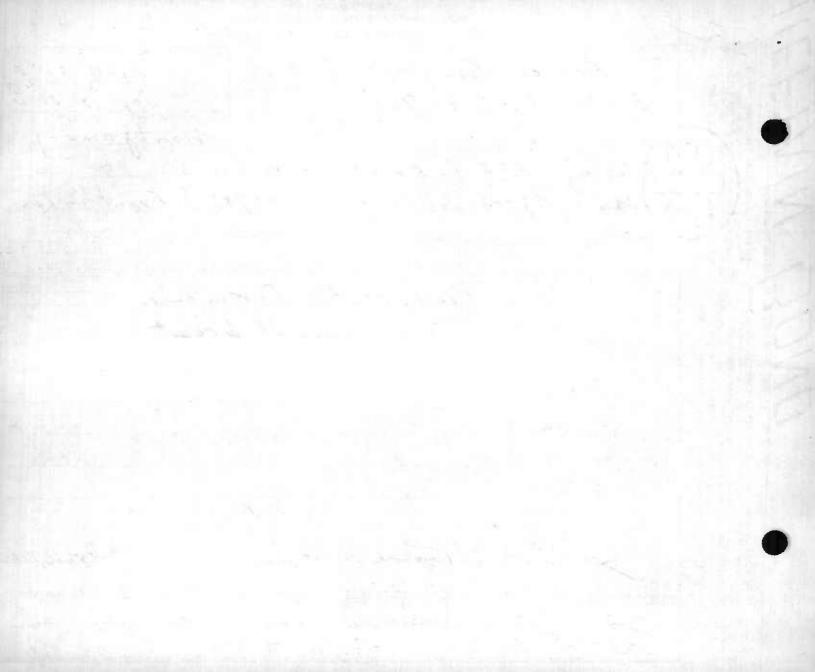
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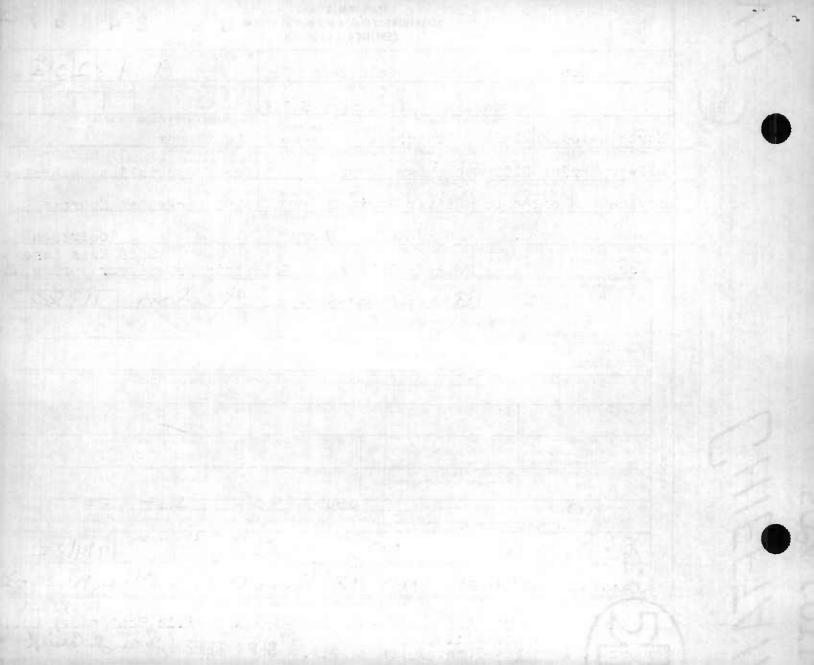
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED 3. SFX IF UNDER 24 HRS DATE AST BIRTHDAY) PRONOUNCED DEAD 70. BIRTHPLACE (S WHAT COUNTRY MARRIED NEVER MARRIED 2, AND 3 TO THE 5.3. RETAIN PAGE 5.2 SHOULD BE FILED, WIDOWED A DIVORCED Penna 0 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Housewife Own Home G HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE LISE COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRE GIVE PAGES 1, 2, VITH FORM PM 3. PAGES 1 AND 2 SI AND MENTAL HYGIENE, DIVISION ONVITAL ATION, OR REMOVAL. 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST Buckley Elizabeth Unknown Young 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7 INFORMAN 7985SE. Franklin (YES, NO, OR UNKNOWN) Gilbert Sil.Spr No 577-70-9162 Dr. Richard CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). BURIAL - TRANSIT PERMIT. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last HEALTH AND ME PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ⋖ CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULL CE E DEPARTMENT C YES NO DA 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PA
AFTER DEATH, WITH THE ST. Inspection 🗶 220 I certify that I took charge of the remains described above, held an Autapsy Inquiry and in my apinian death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) AFTER DEATH BALTIMORE, I SIGNATURE MEDICAL EXAMINER MER'S NAME D.M.E. ADDRESS. Silver Spring. Maryland Rogers. John (TYPE OR PRINT) 13d LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 23r NAME OF CEMETERY OR CREMATORY COUNTY STATE (SPECIFY) University Cemetery Charlottesville Buria Va. BP. 24 FUNED L DIRECTO 8434 Ga. Ave. **DHMH-17** . Pumphrey, Inc., Sil. Spr., Md (VR A15 ME (5) 15M 2/80



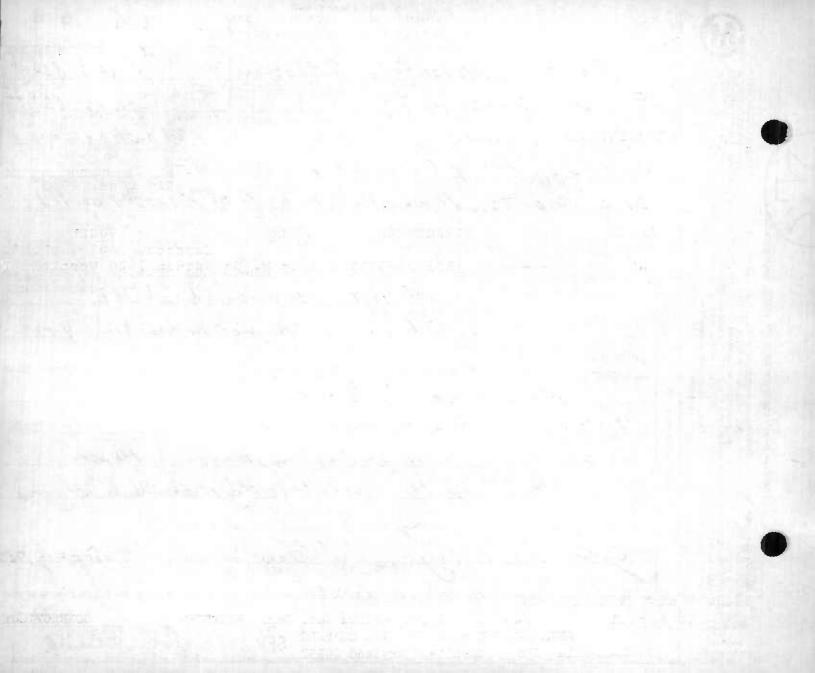
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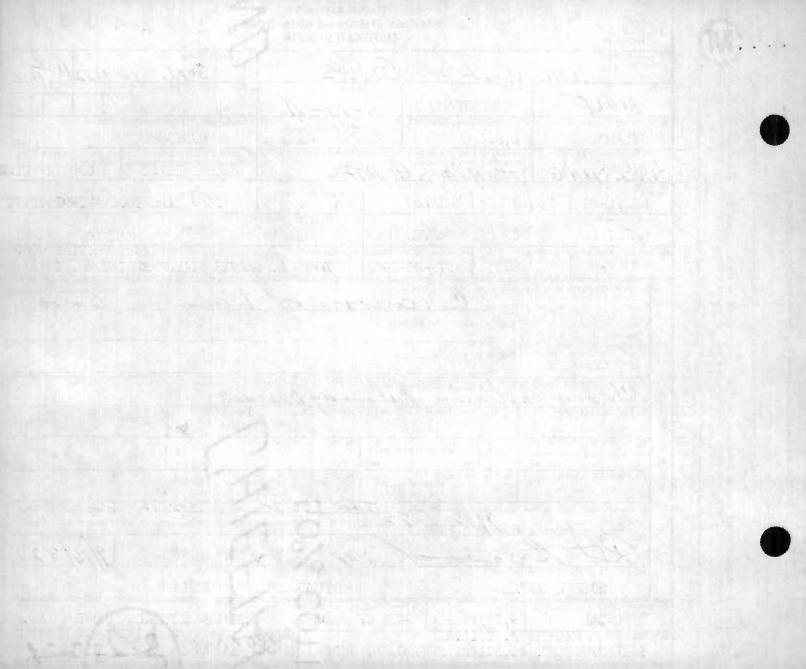


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHIN 72 HOURS 030 PRESTON STREET 3. SEX 4. RACE IF UNDER 1 IF UNDER 24 HR DATE MONTH LAST BIRTHDAY) PRONOUNCED DEAD 9. BALTIMORE CITY OF COUNTY OF DEATH To BIRTHPLACE FOREIGN COUNTRY) MARRIED NEVER MARRIED PENNSYLVANIA U.S.A. WIDOWED A DIVORCED dmer ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) HOUSEWIFE Zip 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE LAST DAVID HIRSCHFELD ANNA VOGEL GIVE PAGE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO Terraces. #409; Beth. Md. DIVISION PAGES NO 135-54-9171 Sidney M. Goldstein: 7420 Westlake 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PERMIT. ED AS A BURIAL-TRANSIT PERMI HEALTH AND MENTAL HYGIENE, AL. CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION USED AS 20 AUTOPSY? NT OF FORWARDED TO THE CH FORWARDED TO THE CH TOR: PAGE 3 SHOULD BE U THE STATE DEPARTMENT O AND, 21 201 PRIOR TO BUR NO DC 216 TIME OF OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH TO MEDICAL EXAMINER: THIS CER EXECUTE THE CEPTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3! AFTER DEATH, WITH THE STATE DEI BAUTIMORE, MARYAND, 7:201 PI WHILE AT WORK AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy death resulted fram-Natural causes Accident Hamicide TITLE (SPECIFY) MAMINER'S NAME TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 9/20/82 Aaron Welfare Soc. Cem. Burial HARTFORD CONNECTICUT 24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 250 DATE REC'D. BY REGISTRAR NAME 1170 POOR 110 Pikes Poor 110 Monuland 2005 **DHMH-17** (VR A15 ME (5) 1170 Rockville Pike; Rockville, Maryland 20852 15M 2/80



500 UNIV. BLVD., W., SILVER SPRING. MD. 20901

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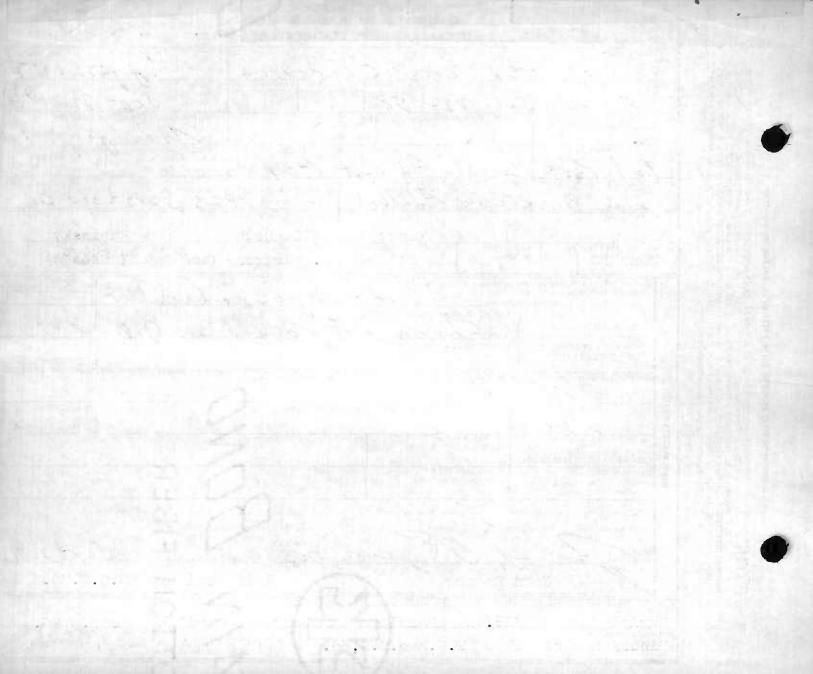
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED . AGE (IN YEAR DATE PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEAT IRTHPLACE (STATE OR MARRIED A NEVER MARRIED OREIGN COUNTRY DIVORCED USA WIDOWED Pa I CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Housewife TH STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE EIRST LAST Elizabeth Andrew Terry Kaminsky 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Gunders DIVISION None RUNKNOWN 218 84 6062 C. Bertrand 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 19a DATE OF OPERATION 20 AUTOPSY? YES NO. ORWARDED TO THE CI R: PAGE 3 SHOULD BE IE STATE DEPARTMENT 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY (AT HOME 21f LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE PAGE 4 SHOUID BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE! BAI]IMORE, MARYLAND, 21201 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian Natural causes death resulted fram: Accident Hamicide Undetermined manner TITLE (SPECIFY) 1919 Seminary Rd.S.S.Md. John Rogers SER'S NAME OR PRINT ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPEC#Y) 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY STATE Parklawn Cemetery | Roc 9/25/82 Burial Rockville Mont 24 FUNERAL DIRECTOR **DHMH - 17** Himes/Rinaldi 11800 N.H. Ave. S.S. Md. VR A15 ME (51)

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CONTRIBUTING CAUSE OF DEATH P.M. 19  71d INJURY OCCURRED 71e PLACE OF INJURY (ATHOME, 711 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY	
216 INJURY OCCURRED 216 PLACE OF INJURY (ATHOME, STREET CITY OR TOWN COUNTY)  STREET FACTORY, FARM, ETC.)  STREET CITY OR TOWN COUNTY	STATE
WHILE NOT WHILE AT WORK AT WORK	
27a. I certify that I took charge of the remains described above, held an Autapsy . Inspection Inquiry . and in my apinion	
inquiry, and in my apinion	
704925	
death resulted fram: Natural causes Accident . Suicide . Hamicide . Undetermined manner .	
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death resulted fram: Natural causes Accident Suicide , Hamicide Undetermined manner ,  TITLE (SPECIFY)  M.D. MEDICAL EXAMINER SIGNED 4 4  SIGNED 4 4  ADDRESS SEMINARY ROAD, SILVER SPRING, M.  ADDRESS SEMINARY ROAD, SILVER SPRING, M.  ADDRESS SEMINARY ROAD, SILVER SPRING, M.  TO ADDRESS SEMINARY ROAD SILVER SPRING SEMINARY ROAD SEMINARY RO	
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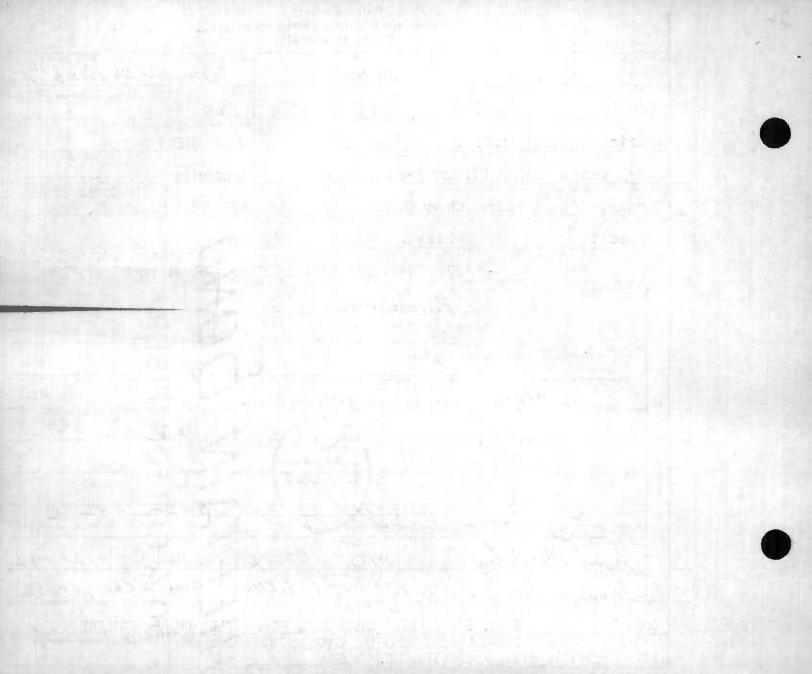
Francis .. or in Tunchal Forme 30 Orke. Blut. G. Silver Spring, Vd.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 2a DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 82 3. SEX 4. RACE IF UNDER 1 YEAR 1294 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED TREI AND DIVORCED [ 126. KIND OF BUSINES (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ION GIVE ESIDENCE BEFORE ADMISSIONS 13d INSIDE CITY LIMITS? 20912 To Coma Ker MICHAEL HASSETT BRIDGET SCANLON 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS MARIE L. HASSETT SAME AS 13 577-50-0778 WIFE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: monary Im me Arterioschrotic Conditions, if ony, which gove rise to immediate couse lol, stating DUE TO, OR AS A CONSEQUENCE OF underlying PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) arobable. 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STATE AT HOME, STREET, FACTORY, OFFICE, FARM\_ETC ) 22a I certify that (I) (this haspital) attended the deceased from sow the deceased alive an. and that in (my) (but) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING STAFF MEDICAL PHYSICIAN V DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY BURIAL SILVER SPRING COUNTMONT GATE OF HEAVEN 9/10/82 24 FUNERAL DIRECTOR FRANCIS J. COLLINS DHMH - 16 50M 1/B1 500 UNIV. BLVD. W., SILVER SPRING, MD. (VRA 15, 4) 20901

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STATE OF MARYLAND

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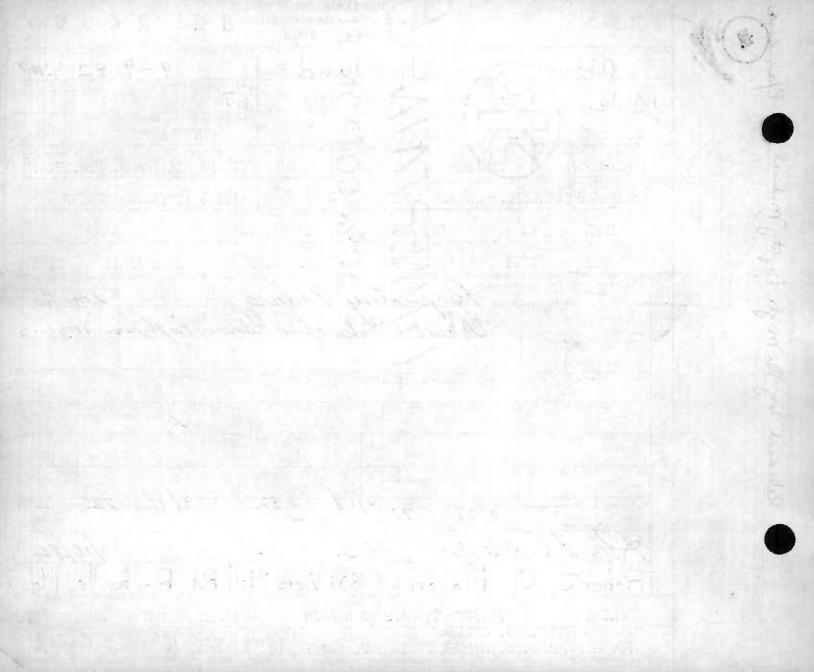
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH MONTH TYPE OR PRINTS E. der 3. SEX 4 RACE 6 AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR CAUCASTAN NOV" 3. 1914 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIE XX NEVER MARRIED NEW YORK U.S.A. MONTGOMERY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION SUBURBAN HOSPITAL BETHESDA DIR OF MIL TRANS. AMER. MARYLAND 21201 MONTGOMERY STLVER SPRING 136 STREET ADDRESS LITTLETON STREET 13d. INSIDE CITY LIMITS? 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ALDER MIDDLE HIGHLAND WARD ELIZABETH 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT IYES, NO OR UNKNOWN WW TT DATES) 712-14-2785 MARY E. HIGHLAND SAME AS 13 18 CAUSE OF DEATH (Enter only one cause per lig PART I. DEATH WAS CAUSED BY: Zmonths PRESTON ST IMMEDIATE CAUSE up Kelmney Em Conditions, if any, which gove rise to immediate couse (a), stoting DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES NO [ 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY I AT HOME STREET FACTORY, OFFICE FARM ETC 1 STREET STATE NOT WHILE 220.1 certify that (1) (this hespital) attended the degeosed from sow the deceased alive on and that in (my) (our) opinian death accurred an the date and hour and from the couses stated DEGREE 22c DATE SIGNE ATTENDING PHYSICIAN PHYSICIAN 22e ADDRESS MPORTA 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIF BURIAL 9/13/82 GATE OF HEAVEN SILVER SPRING MD. MONT 24 FUNERAL DIRECTOR FRANCIS J. COLLINS DHMH - 16 50M 1/81 (VRA 15, 4) 500 UNIV.BLVD., W., SILVER SPRING, MD. 20901

RECORDS.

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STATE OF MARYLAND

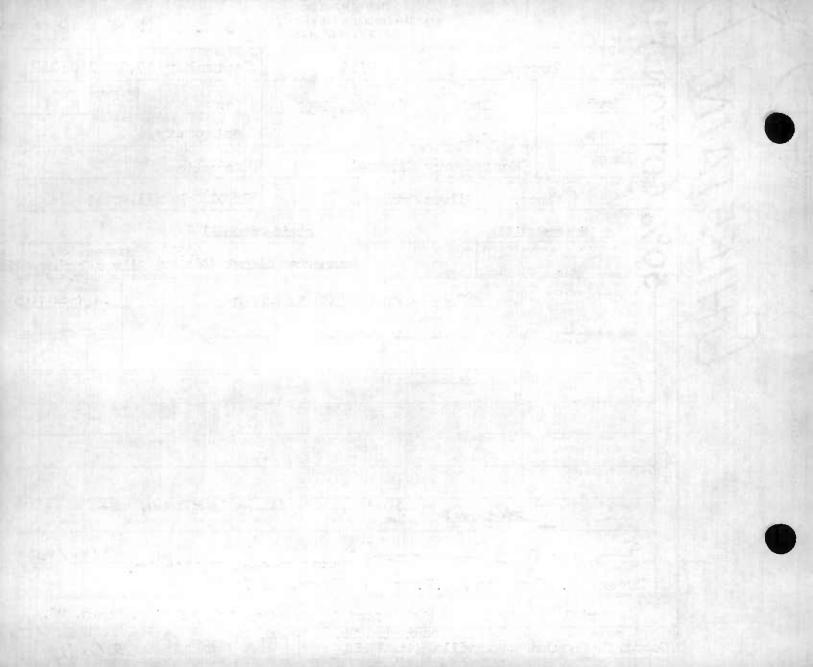


Rockville, Md. 20850

(VRA 15, 4)

George R. Snowden

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO 1. DECEASED NAME KNOWN DE MONTH (TYPE OR PRINT) JAMES GRIFFITH HILL DEATH MATED 3 SEX 4. RACE DATE OF BIRTH AGE IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED MALE WHITE September 44.82 Sept. 1, 1926 DEAD Th. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OF COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Maryland U.S.A. Montgomery WIDOWED | DIVORCED 120 USUAL OCCUPATION (TYPE OF WOR 2 126 TOD OF JUSINESS ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NO IN SUCH FACILITY, GIVE SHOW ADDRESS) Refrigation Repairman Silver Spring Food Holv Cross Hospital USUAL RESIDENCE IS AURSIN OME OR OTHER INSTITUTION, OF RESIDENCE BEFORE ADMISSION) 4701 Cardinal Avenue 136. INSIDE CITY LIMITS? Prince Geo. Reltsville Maryland YES TO NO [ 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Griffith Henry Hi 11 Daisy 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS YES, NO, OR UNKNOWN) 215 20 7581 Mildred S. Hill (Wife) Same as #13 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b) and (c),) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21f LOCATION 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY Inspection 220. I certify that I taak charge of the remains described abave, held an Autopsy Inquiry and in my opinion deoth resulted from: Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER SIGNATUR · Rogers MER'S NAME John 1919 Seminary Road Silver Spring, Md (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Frederick 9/6/82 Md. Park Heights Cemetery Brunswick 250. DATE REC'D. BY REGISTRAR THE REGISTRAR'S SUNATURE Francis Gasch's Sons Funeral Home, P.A. **DHMH-17** (VR A15 ME (5)) Hyattsville, Maryland 15M 2/80

Local and interior destin) "Hildred . Hill Same on 15 (eife) continuo covite fores vernamos and

In Female

Myster ville, dary and

Francis Canalita Sons Stuners Home, L.A.

D/I/SI Bart Heights Countrey Brunswick Predefick and

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE () ()

13e. STREET ADDRESS

20a AUTOPSY?

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

26 HOUR

20910

- STATE REGISTRAR		DEI ART	CERTIFICATE OF DEATH	REG. NO.	6.
I. DECEASED NAME	FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	
(TYPE OR PRINT)	Halana	Annie	Hilton	9-	
L SEX	4 RAC	E	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	T

Female White BIRTHPLACE (STATE OF FOREIGN L CITIZEN OF WHAT COUNTRY?

WIDOWEDXX

MARRIED NEVER MARRIED

**BALTIMORE CITY OR COUNTY OF DEATH** 

townord 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Beautician Hair Salon

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE A SIDENCE BEFORE ADMISSION) 3e STATE 136 COUNTY 13c. CITY OR TOWN Md Montgomery

13d. INSIDE CITY LIMITS? Si1 Spr

Steele

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

NO [ 15 MOTHER'S MAIDEN NAME

Emma

DIVORCED

718 Silver Spring Avenue MIDDLE Sadler

Charles 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

COUNTRY

4. FATHER'S NAME

Scotland

Y OR TOWN OF DEATH

90 DATE OF OPERATION

21d. INJURY OCCURRED

NOT WHILE

166 SOCIAL SECURITY NO 17 INFORMANT ADDRES 1705 Goodloe Rd.

20b. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

Woodrow Sil. Spr., Md No 220-34-3460 Edward APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for ta), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM

21e PLACE OF INJURY

AT HOME STREET FACTORY OFFICE, FARM ETC )

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21f. LOCATION

*QEGREE* 

CITY OF TOWN

NOF

and that in (my) apinian death accurred an the date and haur and from the causes stated

COUNTY STATE

NO [

220.1 certify that (1) (this haspital) attenders the deceased fram. 22h SKELATORS

Pumphrey,

22e ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

G. Sengstack, M. D.

Columbia Blvd.Sil Md 23c. NAME OF CEMETERY OR CREMATORY

Buria 9/11/82 Gate of Heaven Cemetery 24 FUNERALDIRECTOR

23b DATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

22d. PHYSICIAN'S NAME ITHE

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

BR.O. Bpx 7428 Inc. Sil. Spr., Md

SEP 1 5 1982

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR KNOWN 🔀 DECEASED NAME 20. DATE DAY 2b. HOUR TYPE OR PRINTS OF ESTI-DEATH MATED Ricky Himmelfarb 9 13 1982 Fred AGE (IN YEARS | IF UNDER 1 YR SEX DATE OF BIRTH 2d HOUR DATE LAST BIRTHDAY) 2:30 a M PRONOUNCED Male White 4, 1956 DEAD Oct. YRS BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, D.C. U.S.A. WIDOWED DIVORCED Montgomery County. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Truck Driver Silver Spring Paving <u>Holv Cross Hospital</u> Zip Code: 20906 3a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 12400 Downer Drive Maryland NO [ Montgomer Silver Spring 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Himmelfarb MIDDLE Stanford Marilyn Rubinstein 14h. SOCIAL SECURITY NO 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES Silver Spring, Md. 20906 215-68-9226 Stanford Himmelfarb: 12400 Downer Drive CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of chest IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a E 3 SHOULD DE DEPARTMENT OF HE 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 EXECUTE THE CERTIFICATE, WRITING THE W PAGE 4 SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR: PAGE 3 HOULD! AFTER DEATH, WITH THE STATE DEPARTMEN BALTIMORE, MARYLAND, 21201 PRIOR TO UNDERLYING XXOR HOUR A.M. MONTH DAY YEAR 1219 82 CONTRIBUTING CAUSE OF DEATH 9 Subject shot 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE NOT WHILE unknown unknown Inspection ed above, held on and in my opinion Hamicide X death resulted \$ Suicide Undetermined monner TITLE (SPECIFY) DATE 9/13/82 Deputy Chiefedical examiner SIGNATURE Thomas D. Smith, M.D. III Penn St. Balto., MD. EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 23 a BURIAL, CREMATION, REMOVAL 23b. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE (SPECIFY) Burial 9/15/82 Judean Memorial Gardens Olney: Montgomery: Maryland BP 24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 25 **DHMH - 17** 1170 Rockville Pike; Rockville, Maryland 20852 (VR A15 ME (5)

20M 4/82

STATE OF MARYLAND

y		1.	FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	2 No.	40
			CEASED NAME	FIRST		MIDDLE	t.	AST	20. DATE OF DEATH	HTMOM	DAY YEAR
pe d	凝制)			Rosa	Ma	adeline	Hixe	enbaugh	September	3, 198	32
ge 4 moy	ecto rs s		male	122	White		5. DATE C MONTH 09/		6. AGE (IN YEARS LAST)	YRS.	IF UNDER 1 YEAR
death. Page	in 72 hou	Ý	RTHPLACE (STATE OF VOINTRY)	nia	b. CITIZEN OF	WHAT COUNTRY?	8. MARRIEL WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY Montgome		OF DEATH
after	by the filled with	11.1	ty or town of DE ethesda	ATH		HOSPITAL, NURSIN HEACILITY, GIVE STREET A LINICAL CO		NIH	12a USUAL OCCUPA ITYPE OF WORK FOR MOS Teacher		126. KIND OF INDUSTRY Educa
AND 2120	filled in	13a. S	AL RESIDENCE HE NUME STATE ST Virgin	113h COUN'	other institution. TY anawha	GIVE RESIDENCE BEFORE 13L CITY OR LOW! East Bal	k l	13d. INSIDE CITY LIMITS? YES AND	1301 Ist	Avenue	е
MARYLAND	Completely	14. FA	THER'S NAME Daniel	Walt	er	Williams		15. MOTHER'S MAIDEN NA/ Amanda		rett	LAST
IMORE,	Pages 1	16a W	/AS DECEASED EVE ES, NO OR UNKNOWN)		NED FORCES? WAR OR DATES)	235-60-0		Ralph B. Hi		RESS husban	d, same
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ratending physician.	nding physicic carbon popers 1, ar remaval. natic event, the		18. CAUSE OF DEA PART I. DEATH	WAS CAUSED	BY: CAUSE (0)	R AS A CONSEQUE	CAR	CINOMA OF LUN	3		APPROXIMATION OF
1 W. PREST	l by the atte case remove of, crematian r ather traun		Conditions, if on gove rise to in couse (a), stat underlying caus	ing the	DUE TO, O	CACHEXTA S R AS A CONSEQUE FORTUP DE PER	NCE OF	DARY TO (a)			MONTH WEEKS
RDS, 20	Then ple ta burio injury, or	NOI	PART 2. OTHER SIC	GNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIV	EN IN PART 11a
AL RECO	has bee it permit. iene prio	CERTIFICATION	190 DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CERTIF	S, WERE FINDIN FYING CAUSES (
SION OF VITAL I PHYSICIAN: The ending physician	ial-transintal Hyg	- 1	21a. ACCIDENT WAS UP OR CONTRIBUTING {IF EITHER, NOTIFY MED	CAUSE OF DEAT	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE		JURY IN ITEM 18 I	PART I OR PART 2)
DIVISION ING PHYS	ter this c as the bur h and Me irked ar b	MEDICAL	21d. INJURY OCCUI	VHILE	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE FA	RM. ETC ]	21f. LOCATION STREET	CITY OR	ale and	COUNTY
	A OF W	l i	220 1 15 - 4-04 3	Cabie barries	-1\ =aanadad ab	a december from	25 Mar	10 82	- 3 Sent	ember	10 82

YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES-NO [ 1B PART LOR PART 2) COUNTY STATE 19.82 to FUNERAL DIRECTOR: A 3 September sow the deceased alive on 3 SEPTEMBER above, XI (we) (did) (dix) (K view the bady after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22 DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN The Clinical Center Institutes of Health Bern 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 23a, BURIAL, CREMATION, REMOVAL Burial Montgomery Mem. Park London, West Vinginia Sept. 7, 1982 BP. 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR Ives Funeral Home 2847 Wilson Blvd Arlington, Va. 22201 DHMH - 16 50M 4/B2 (VRA 15, 4)

2b. HOUR

126. KIND OF BUSINESS OR Education

LAST

MONTHS

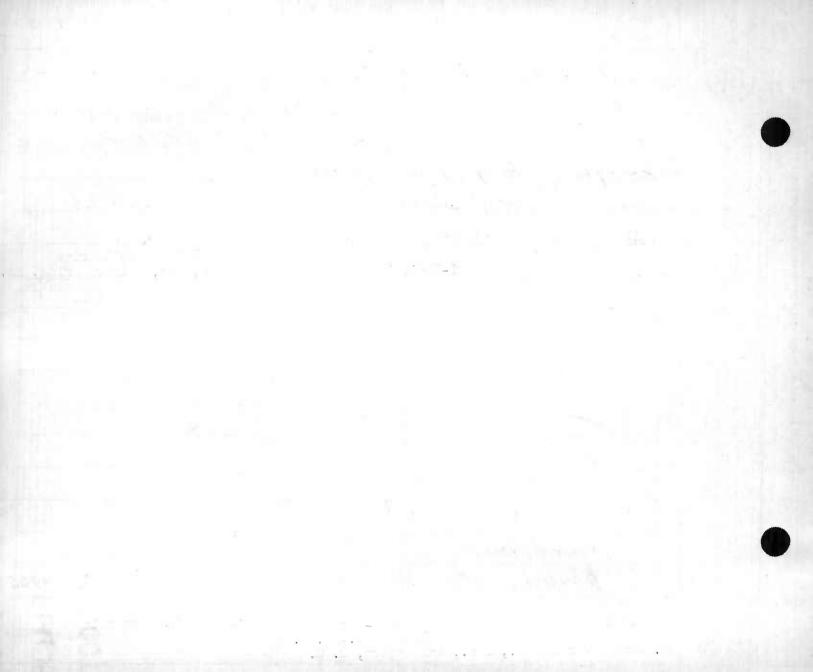
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENECE Honemaker Home • 1 0 • 5 • 5 • 5 375-56-6625 Lighten H. Cixson have as then # 13 orestion collected to an incompany of the collection of the collec

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(VRA 15, 4)

STATE OF MARYLAND

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ned In		eno l	James	•1	Delos
hesda, Mar Michaels mive	ClCalvert, 6712	Warerret J.	579-30-6494		01.

Grematio 9/20/1982 Gedar Hill Gremato y Suitland Maryland.
Jo eph Gawler's Sons Inc.
F130 isc. ve., N.W. ash., D. ..

FOR

REGISTRAR DECEASED NAME

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2g DATE OF DEATH 76 HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 1912 70 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery DIVORCED 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Housewife Own home 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS 14607 Claude Lane 20904 NO IS MOTHER'S MAIDEN NAME MIDDLE M. Anna Howard 6009 Jerry's Drive, 17 INFORMANT Ernest B. Hollidge-son-Columbia, Md. 21044 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CARDIORESPIRATORY ARRICEST MIN 4 HES 30 MIN INFARCTION ARTERY DISEASE YEARS RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20m AUTOPSY2 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX NO [ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION CITY OR TOWN COUNTY STATE 91 and that in (my) (our) opinion death occurred an the date and hour and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL 9-29-82 PHYSICIAN DIRECTOR PHYSICIAN

SPIZING ST. 1106 MD. 20910 SPRING.

23c. NAME OF CEMETERY OR CREMATORY Lee's Crematory 9-30-1982

Washington, DC OUNTY

Cremation

24 FUNERAL DIRECTOR

11800 N.H. Avenue, Hines/Rinaldi Funeral Home Silver Spring, Md.

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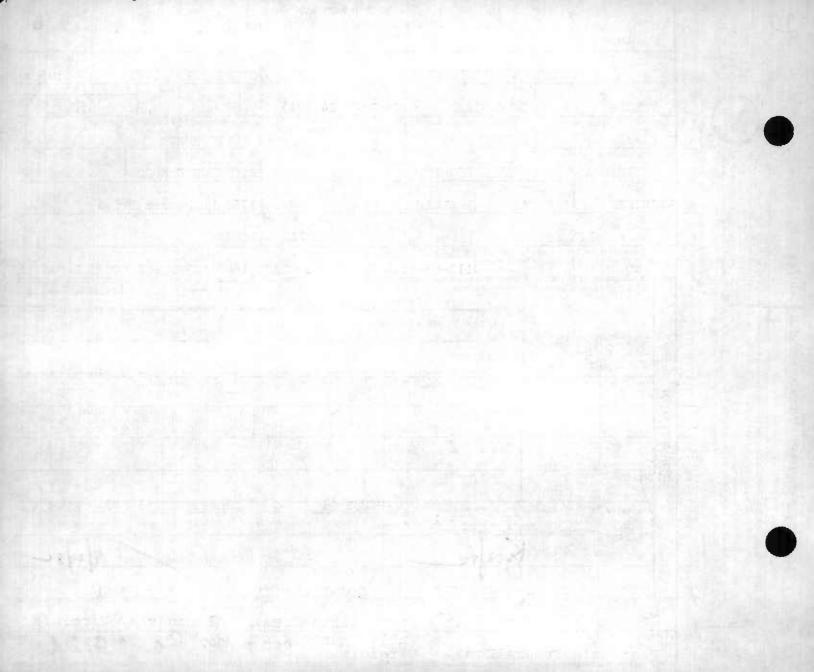
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FOR

STATE OF MARYLAND

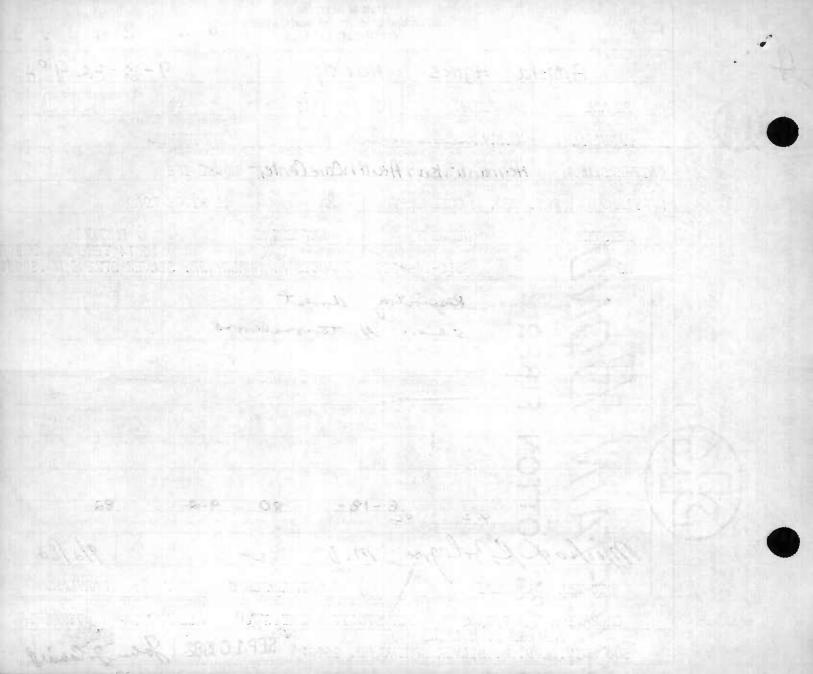
DEPARTMENT OF HEALTH AND MENTAL HYGIENE R



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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IF UNDER 24 HRS

DHMH - 16 50M 4/82 (VRA 15, 4)

George R. Snowden

24. FUNERAL DIRECTOR

STATE

246 N. Wash. St. Rockville, Md. 20850

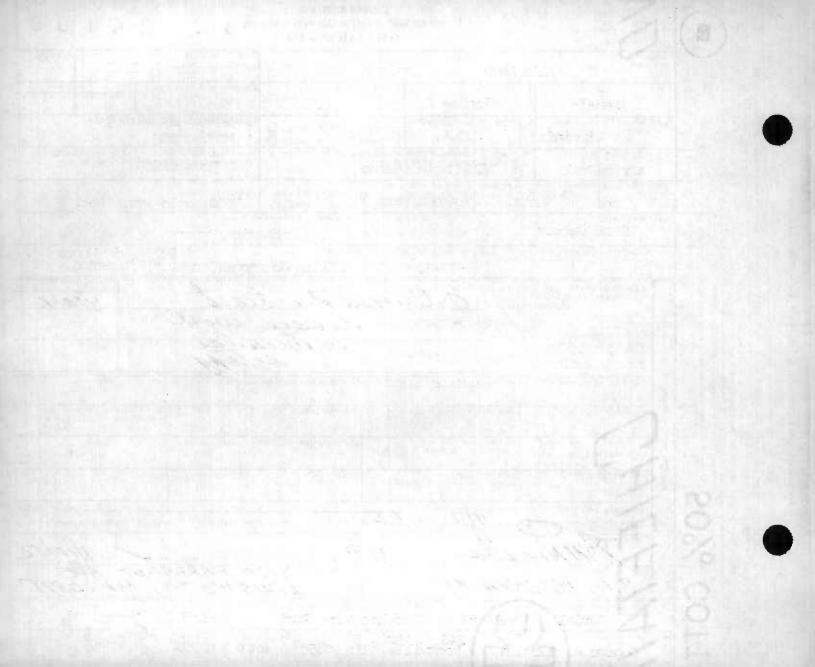
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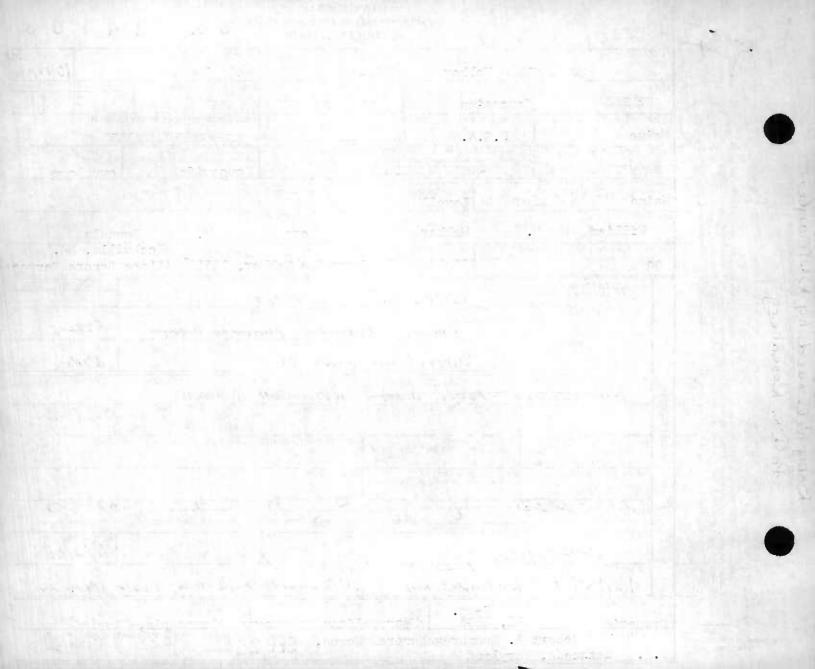
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME M. DATE OF DEATH LITTLE CHEMINE 3. 5EX & AGE THE TEARS LAST BIRTHDAY AL CITIZEN OF BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IJE COUNTY as PMS/1 VER IN U.S. ARMED FORCES? 1995, NO DRUMINES THYES, GHE WAR DEDUTED IR. CAUSE OF DEATH Enter only one course per line for (a), (b), and PART I. DEATH WAS CAUSED BY Conditions, if any, which Que con ma gove rise to immediate coose ta, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS NO **IFICATI** 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this hespital) attended the deceased from 10 12 , that (1) (we) last 914 sow the deceased alive on obove. (I) (we) (did not) view the body after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS the ORT 1600 73a BURTA DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2n DATE OF DEATH DECEASED NAME TYPE OR PRINT CHRISTINE 19 Webber **JOHNSON** 09 82 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 30 FEMALE Caucasian 05 97 85 In BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Maine U.S.A. MONTGOMERY COUNTY WIDOWED = II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BETHESDA SUBURBAN HOSPITAL Housewife own home ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. 13a. STATE 13e. STREET ADDRESS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Maine Oxford Love11 YES X NO T none 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME William Webber Dora Μ. Runnels 20852 ADDRESSRockville, Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 006 38 4936 Lorraine Webber, 12513 Village Square Terrace APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: ARDIU-RESPINATURY DUE TO, OR AS A CONSEQUENCE OF SYEARS MUNIORRY DISISTIC CHRUM! ORSTRUCTIO Conditions, if ony, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF . 57R1 underlying ATHERISELERUPE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION DEVMATUID ARTHRITIS 206. IF YES, WERE FINDINGS USED 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) chospital attended the deceased from 52 saw the deceased alive an and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL should be deto with the State IMPORTANT: I DIRECTOR PHYSICIAN PHYSICIAN 1/31 UNLESS BY BLUD W, SILVER SPRING, MYD. ROSENBERG, MA 23b. DATE Sept. 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Metropolitan Crematory Cremation Alexandria, Virginia 24 FUNERAL DIRECTOR Robert A. Pumphrex. Funeral Homes, DHMH-16 30M 2/80 (VRA 15, 4) Bethesda, Maryland



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	No. in Spirit		REGISTRAR CEASED NAME FIRST E OR PRINT) Jeron	MID		LA	hnson	20. DATE KNOWN MC	9/23 19 82 M		
	DIRECTOR. OLIK FILES. THOURS	3. SE)	ale White	S. DATE OF BIRTH	YEAR LAST BIRTHD.		DAYS HOURS		9/23 19 82 M NIH DAY YEAR 12 HOUR 9/29 19 82 P. M		
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	1. IF ANY DELAY IS NEG 2, AND 3 TO THE FU 3. RETAIN PAGE 5 2 SHOULD BE FILED, AL PECORDS, 201 W		ty of town of DEATH	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY, 7726 Sycam	GIVE STREET ADDRESS)			120 USUAL OCCUPATION (TYPE OF W FOR MOST OF WORKING LIFE)	OR INDUSTRY		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201	V 24 HOURS AFTER DEATH N ITEM 18. GIVE PAGES 1. ALONG WITH FORM PM. IT PERMIT. PAGES 1 AND 2 YGENE, DIVISION O'VITA OOVAL.		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE (MMEDIA)	D BY: TE CAUSE (o) Chron	ic obstru		pulmonar	disease.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
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	ITHE CESTONID SHOULD SHOULD SHOULD SETH, WORE, WAI		ACTUAL SIGNATURE	220	(0)	eve	Deputy	MEDICAL EXAMINER S	OATE 9/30/82		
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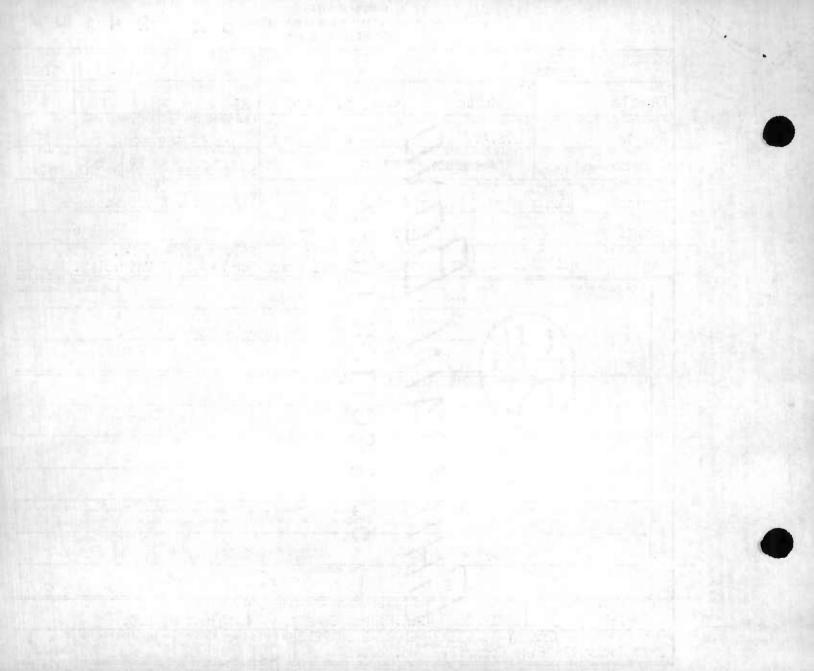
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😥

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE OF DEATH TYPE OF PRINTS 9.30.82. Annie Kahansky 6:30A 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Sept. 15, 1894 Female White 88 TO BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Russia WIDOWEDIX DIVORCED [] Montgomery O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR "FNOT SUBUYBAN SHOSPI'tal Bethesda (Ret) Dry Cleaning Seamstress DIVISION OF VITAL RECERDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 Zip Code: 20902 1121 Univ. Blvd., West, #105 Maryland Montgomery Silver Spring 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FUMMA TZIPPIE KAHONOVICZ ZUSHTA KAHANSKY Silver Spring, Md. 20902 16b SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO OF UNKNOWN 577-54-7967D Sylvia Grace Dorfman; 1121 Univ. Blvd., W, #105 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY INFAKCMON MYOCARAIAZ IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF ATHEROSCIEDAME (OR) JOVASCILAR DISCASE Conditions, if ony, which gave rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 200 AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINERS 211 LOCATION 214 INTURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY (AT HOME STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE 22a. | certify that (1) (this haspital)\_attended the deceased from sow the deceased olive on\_ and that in (my) (our) apinion death occurred on the date and hour and from the causes stated DEGREE 226 DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Washington, D.C. Burial S.E. Hebrew Cemetery 10/1/82 24. FUNERAL DIRECTOR DANZANSKY-GOLDBERG MEMORIAL CHAPELS 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 1170 Rockville Pike; Rockville, Md. 20852 (VRA 15, 4)



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	ST., I	11	PART I DE	TOEATH (Enter on	n ev				101	END	-	Λ		APPR BETWEE	EN ONSET	AND DEATH
	TON ST., 24 HOUR LITEM 1B. ALONG W PERMIT. GIENE, D		41	MMEDIA	TE CAUSE (a)				CIN	1-7345	4	Acu	TE	1	21	HR
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7	SESSES OF SESSES		220   certif	y that I took charg	e of the remains d	escribed abo	ve, held on	Autaps	sy 🔲.	Inspection	M. In	quiry	and in my a	pinian		
0	MER TEX		death resulte	d fram: Natur	ral causes 🔀,	Accident	L. St	icide .	, Hamic	ide .	Undetermin	ed monner	,			
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~	TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFIED DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	23a BUR	AL CREMAT	ION, REMOVAL 2	- 0- 1	23, 1	JAME OF CE	METERY OF	PCREMATO	DRY I	23d LOCAT	ION				
7	BP	Bur	rial		9/9/82	Oh	el Yak	ov Co	mg. C	Cemeter	y: Bal	timore	, Mary	land	STA	ΤE
1	DHMH - 17	24 FUN	ERAL DIRECT	TOR DANTAL	NCKY_COT	DEFEC	MEMODI	AT CL	IAPEL\$	350. DATE REC	C'D. BY REG	ISTRAR 256 R	EGISTRAR'S	SIGNATUR	RE .	A
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Marie Committee of the AYELVISING THEARYT, ACT E IT SHE DAMPELE S PRESTURE

## FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

2 2 4 1 0

1. DE	E OR PRINT)	FIRST EDERT	OV T	TOYD	MAT	DELL	20. DATE OF DEATH September		TORS	2b. HOUR
3. SE:			4. RACE	шотр	5. DATE C		6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	6:45A
	Male				MONTH	DAY YEAR		- 1	MONTHS DAYS	HOURS A
	IRTHPLACE (STATE OR F	OBSIGN	White	WHAT COUNT		y 3, 1917	9. BALTIMORE CITY O	11.01	Y OF DEATH	
	COUNTRY)	Contract of			MARRIE	D MEVER MARRIED	Mentgomer	The Same	I OI DERIII	
	Washington				WIDOWE RSING HOME O	DR OTHER INSTITUTION	12a USUAL OCCUPATION		125 KIND C	OF BUSINESS
	Kensington		(IF NOT IN SU	Spruell	REET ADDRESS)		Manpower S	WORKING LI	(FE) INDUSTRY	
USU	AL RESIDENCE (IF NURS	ING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BE	EFORE ADMISSION)					postaco
	Maryland	Mont:	gomery	Kensin	gton	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 4012 Spri	ell :	Drive	
	ATHER'S NAME					15. MOTHER'S MAIDEN NA	AME			
2	Frederic	k '	A.	Kar	dell	Carrie	MIDDLE		Han	son
16a. V	WAS DECEASED EVER	IN U.S. ARA	MED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDRE	SS		
(	YES NO OR UNKNOWN)	W.W.	TI DATES)	577-05	-7071.A	Viola May Ka	rdell-Addres	38 SAI	me as #	13 abo
	18. CAUSE OF DEATH PART I. DEATH W	H (Enter onl	ly one couse ne				1	4		IMATE INTERVAL ONSET AND DE
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FICATION	gove rise to imm couse (o), statin underlying couse	nediote g the fost.	DUE TO, C	OR AS A CONSE	OUENCE OF	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YE	S, WERE FINDI	NGS USED OF DEATH?
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WEDICAL MEDICAL	gove rise to imm couse (a), stofin underlying couse  PART 2 OTHER SIGN  19a. DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDIC AT WORLD AT WORLD AT WORLD COURCE, (b) (we) (c)  22a. I certify that (1) says the decease obove, (1) (we) (c)  22b. SIGNATURE	NIFICANT CONTINUE CANTENDE CALEXAMINER; RED  AME (TYPE OIL CARE)  AME (TYPE OIL CARE)	DUE TO, C  (c)  ONDITIONS C  19b. CONE  19b. CONE  19b. TIME C  HOUR A  P  21o. PLACE  (AT HOME, S)  O) oftended t  P  R PRINT)	OR AS A CONSE	DAY YEAR  19  100E, FARM. ETC.)	211. LOCATION STREET  211. LOCATION STREET  212. ATTENDING PHYSICIAN 22e. ADDRESS	200 AUTOPSY?  YES NOW  NEED (ENTER NATURE OF INJUR  CITY OR TOX  death occurred on the de  MEDICAL STAF  DIRECTOR PHYSIC  Street, N.W  23d. LOCATION CITY OR TOWN	20b. IF YE IN CERTI YIN CERTI YIN TEM 18	COUNTY  19 22c. DATE Sept	NGS USED SOF DEATH? NO   STAT  that & (we) couses state. SIGNED  1, D.C.

DHMH - 16 50M 4/82 (VRA 15, 4)

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Joseph Gawler's Sons 5130 Wisc. Ave. Wash., D.C.

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16,50M 4/B2

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

DAY

1982

IF UNDER 1 YEAR

INDUSTRY

Kear

YEAR

26. HOUR

HOURS

126. KIND OF BUSINESS OR

Self

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

- 27 - 1982

COUNTY

82

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

22c. DATE SIGNED

3 Months

10:15

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	S.A.V.				

9-29-1902 Ceder Hill Greentory Suitland Tince Corne's

Joseph Garler's Cors 5170 Wisc. ve. Wah., 1.0.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH A AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH lontanmery TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 4725 JASMINE DRIVE BECKER SAME AS 13 HUSBAND APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 day s DUE TO, OR AS A CONSEQUENCE OF A DEN'S CARCINOMA, PRIMARY SITE UNKNOWN CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE \_\_\_, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 30 Sept 82 DIRECTOR PHYSICIAN MD. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 10/2/82 GATE OF HEAVEN SILVER SPRING MONT FRANCIS J. COLLINS ( REGISTRAR'S SIGNATURE 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

DHMH - 16 50M 1/81 (VRA 15, 4)

BURIAL

FOR

REGISTRAR

- STATE

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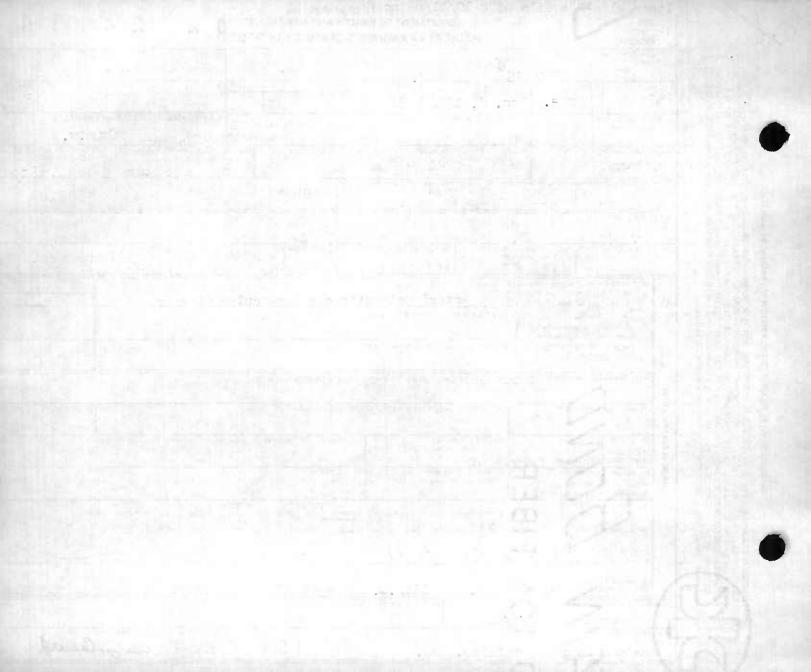
	FOR STATE REGISTRAR	DEPARTN	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 2 2 4 1 1 2
be ge 3	1. DECEASED NAME (TYPE OR PRINT) Robert	Owen	Kennedy	20. DATE OF DEATH MONTH DAY YEAR 20. HOUR 12: COMM
ge 4 mo) ector, po rs ofter d	3. SEX male	white	5. DATE OF BIRTH 29 1926	6. AGE (IN YEARS LAST BIRTHDAY)  IF UNDER TYEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
nerol dir.	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) North Carolina	76. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED TO NEVER MARRIED TO WIDOWED TO DIVORCED TO TO THE PROPERTY OF THE P	9 BALTIMORE CITY OR COUNTY OF DEATH Montgomery MD.
of the formal of	Gaithersburg	11. NAME OF HOSPITAL, NURSIN 17060 King James		126. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY retired upholsterer
WIND 2112	USUAL RESIDENCE (IF NURSING HOMEO 13) STATE Maryland Mont	r other institution give residence before NTY  gomery Gaithers	N 113d INSIDE CITY LIMITS?	130. STREET ADDRESS 17060 King James Way
N. S. S.	14 FATHER'S NAME James	A <sup>™</sup> . Ken	nedy Nother's Maiden NAM	U. Millikan
MORE.	160 WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GI	WE WAR OR DATES) 246 26	TT7.11 T TT	Rockville, Md. 20853 nedy 13716 Flint Rock Rd.
to records, 201 W. PRESTON ST. Weel M. Conf. Con	Conditions, if ony, which gove rise to immediate couse tol, stating the underlying couse lost  PART 2 OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	butension;	NCE OF	LINAL DISEASE OF CONDITION GIVEN IN PART TO  200 AUTOPSY?  YES NO
DIVISION OF VITAL  TAL OR ATTENDING PHYSICIAN: The syste hospital or aftending physicion RAL DIRECTOR. After this certificate I detached for use as the burial-transit one Dept of Health and Mental Hygicians I ST DR.	OR CONTRIBUTING CAUSE OF DE  (IF EITHER, NOTIFF MEDICAL EXAMINE  21d. INJURY OCCURRED  WHILE AT WORK  22a.1 certify that W (this hosp sow the deceased alive or obove, (1) (we) (did) (did not 22b. SIGNATURE	P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FACTORY)  ital) attended the deceased from  by view the body after death.	Y YEAR 19 211. LOCATION STREET  2., and that in (my) (our) opinion of the physician (and	CITY OR TOWN  COUNTY  STATE  CITY OR TOWN  COUNTY  STATE  COUNTY
TO HOSPITAL retained by 1 TO FUNERAL should be del with the Stotel HAPPETANT.	22d. PHYSICIAN'S NAME (TYPE)  Dr. Michael  23d. BURIAL, CREMATION, REMOVAL	l R. Dobridge	220. ADDRESS 13975 Connect	eticut Ave. Silver Spring, Md. 20906
BP	Morrial Burial	9/16/82 F	loral Gardens Cem	etery High Point, N.C.
DHMH - 16 50M 4/B2 (VRA 15, 4)	1331 Rockville	heeler Funeral Ho Pikel Rockville, Md	ome, Inc. 256. DAT	EP 15 1982 John & Comile

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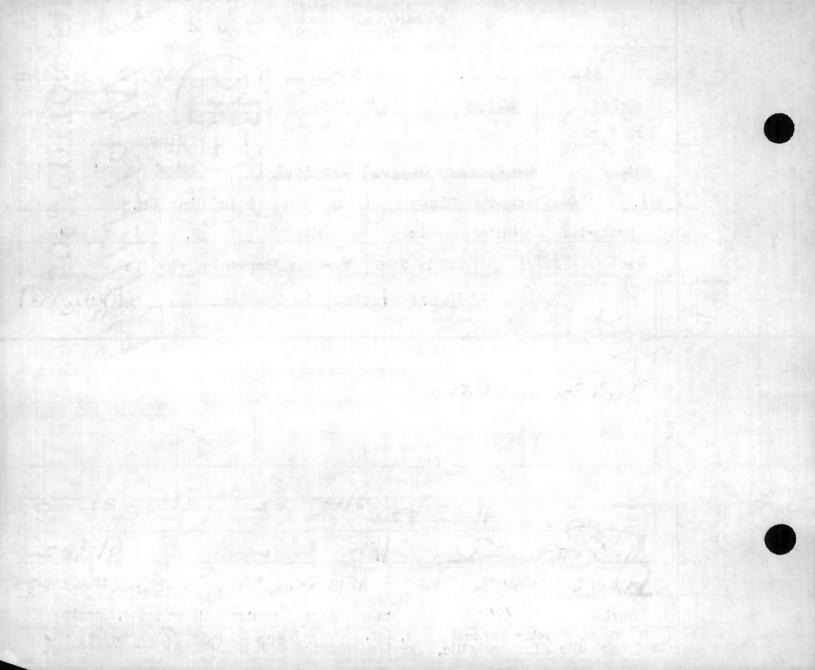
		STA	TE OF MARYLAND		
A)	FOR - STATE REGISTRAR		HEALTH AND MENTAL HYGIENE IFICATE OF DEATH	8 2 REG. NO.	24113
	ECEASED NAME FIRST	MIDDIE K	LAST Zo. DA	TE OF DEATH MONTH	DAY YEAR 26 HOUR
3 SI	7	RACE S. DATE	OF BIRTH 6 AGE	(IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR UNDER 24 HRS MONTHS DAYS HOURS MIN.
35	EMALE 16 OR FOREIGN 7	11601	IED LI NEVER MARRIED L	TIMORE CITY OR COUNTY	
To the second	TY OR TOWN OF DEATH I	11. NAME OF HOSPITAL, NURSING HOME (IF POT IN SUCH FACILITY GIVE STREET ADDRESS)	OR OTHER INSTITUTION 120 US	SUAL OCCUPATION  OF WORK FOR MOST OF WORKING LI	12h HAND OF BUSINESS OR INDUSTRY
130.	JAL RESIDENCE (IF NURSING HOME OR O STATE 13b COUNT RYLAND MONTGO	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION STLVER SPRIN		HOUSEWIFE REEL TO BEES UNIV. B	LVD., WEST 2090
TO ILE	ATHER'S NAME	CRUIT	15 MOTHER'S MAIDEN NAME	MIDDLE	FERRY
ledicol 160	WAS DECEASED EVER IN U.S. ARM		17. INFORMANT	ADDRESS	
dumotic event, th	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if only, which	1111111111	tic carcinon let	t lun	APPROXIMATE INTERVAL BETWEEN ONSET AND PRATH
ury, or other tr	gove rise to immediate cause (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF	IT NOT RELATED TO THE TERMINAL DI	SEASE OR CONDITION GIV	(EN IN PART 1 (o
S shaws any injurious certification	190 DATE OF SPERATION	196 CONDITION FOR WHICH OPERATI	ON WAS PERFORMED 200 YES	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO \( \bigcircle{\bi
d or frem 18 sh	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19		ITER NATURE OF INJURY IN ITEM IB	PART 1 OR PART 2)
WED	21d INJURY OCCURRED  WHILE OF NOT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
E	220.1 certify that (I) (this heapite saw the deceased alive on above, (I)	4.11 0.	and that in (my) (and) opinion death or	courred on the date and hou	19 32 that (1) (we) last rand from the couses stated
m 21 i		The state of the s			
NT: If Item 21	22b. SIGNATURE	Angin (un).		TOR PHYSICIAN	226. DATE SIGNED 9-17-82
MPORTANT: #		PRINT GELGER MIZ.	ATTENDING MED		27. DATE SIGNED 9.17.82 1REFT WW. 20910

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k		SED NAME	FIRST	WE	MIDDLE	AMINE	SCERII	IFICATE C		KE O.	. NO.		
	(TYPE OR		7 1037		MIDDLE		LASI			OF ESTI-			26 HOUR
1	SEX	TA P.	FRAN	S DATE OF BIRTH	- 1	AGE (IN YEARS	K I R			EATH MATED	WONTH	OZ 19	M M
TIE.	Male		aucas.	Dec. 4,	1928	LAST BIRTHDAY) 53 YRS.	MONTHS DAY			DATE PNOUNCED DE AD	9-6-		8:00A
4	BIRTH	PLACE (STATE O	OR	76. CITIZEN OF WI	HAT COUNTR	Y? 8.	AARRIED [	NEVER MARR	1ED 3. 9. 8	ALTIMORE CIT			
/ F	enr	isylva	nia	United	Stat	es W	DOWED [	DIVORC	CD TOTAL	ontaome		ounty,	MD
100		hesda	DEATH	4853 Cor			OTHER INST	TITUTION	FOR MOST	OCCUPATION OF WORKING LIFE) Salesi		Dept.	TRY
				OR OTHER INSTITUTION, G			lies me	IDE CITY LAMITES			ma n	•	
	astate	land	Mon t	tgomery	Bet.h		YESVE		13e. STREET	Corde	11 /	(2081	4)
	I. FATHE	R'S NAME FIRST		MIDDLE	LAS		15. MO	THER'S MAID	EN NAME	WIDDLE	11 /\V	LAST	V
1		ranci	S	.T	Kir		1	Gertr	11140	K.		Huth	
16	a. WAS	DECEASED EV	ER IN U.S. AR	MED FORCES? WAR OR DATES		L SECURITY N	). IV. INFO	ODALANIT	ster)	202	ESS Cuilf	ord Av	
L	Υe		W		161-	20-647	2 E1	eanor	Wilso	onColl	ingsw	ood N	Ť
	18	CAUSE OF DE		ly ane cause per line	far (a), (b), a	nd (c).)							TE INTERVAL
		cause (a) stat lying cause la		DUE TO, OR	AS A CONSE								
		T 2 OTHER SIGNIFIC	CANT CONDITIONS	CONTRIBUTING TO OEATH	BUT NOT RELATED	TO THE TERMINAL	DISEASE OR COND	DITION GIVEN IN PA	ART 1 (o)				
7	CERTIFICATION 130	DATE OF OPE	RATION	19b. CONDI	TION FOR WI	HICH OPERATI	ON WAS PERF	FORMED?				20 AUTOPS	Y?
	THE LEAST											YES X	NO 🗆
		EXTERNAL CA		21b. TIME OI HOUR A.M	INJURY	AY YEAR	It. HOW INJ	URY OCCURRI	ED LENTER NATU	RE OF INJURY IN ITEM	A 18 PART 1 OR P	ART 2)	
	S CO	NTRIBUTING [	CAUSE OF I	DEATH P.M	l	19							
	MEDICAL SIGNAL	INJURY OCCI	URRED OT WHILE I	21e PLACE (	OF INJURY TORY, FARM, ETC.;		If. LOCATION STREET	4	Cfl	Y OR TOWN	cc	OUNTY	STATE
	AT	WORK AT	WORK										
				ge af the remains des	cribed abave	held an	Autapsy X	, Inspectio	an . I	nquiry .	and in my a	pinian	
	de	eath resulted fr	am: Natur	ral causes 🔯	Accident	, Suicid	. На	amicide .	Undetermi	ned manner	<b>]</b> ,		
1	40	TUAL	MAIN	A A O	ella	,11		LE (SPECIFY)			DATE		
42		SNATURE	may	the m	-00.00	u	m.dAss	sistant	MEDICA	EXAMINER	SIGN	9-7-8	2
4		AMINER'S NAM PE OR PRINT)	Marc	v parita A.	Korell	M.D.	ADDRES	ss111_	Penn S	treet			
23	30. BURIA	L, CREMATION	N, REMOVAL 2	236 DATE	23c. NA	ME OF CEMET	RY OR CREM	AATORY	23d. LOCA CITY OR TO	NOIT	COL	UNTY	STATE
1		Removal		9/9/82		3/11/		lar				01011145::=2	
2	NA			ADDRESS				SF F		BZ 256 R	eGISTRAR'S	L Camil	1
4	An	atomy F	Mard	Ralto	Md				1 7 13	UL I	The sale	~ where	MALE.

20M 4/B2



		FOR			EOFMARTLAND			
-	1 -	STATE REGISTRAR	DEF		HEALTH AND MENTAL HYG FICATE OF DEATH	0 4	2 4	1 1
1		EASED NAME FIRST	MIDDLE		LAST	REG. NO 20. DATE OF DEATH		AR 2b. HC
1	(TYPE	Richar	d A.	Kn	ubbe		75/82	7:
3	SE)		4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I	YEAR IF UND
		male	white	8/	19/18	63	YRS	DATS HOURS
19		New York	76 CITIZEN OF WHAT COUN	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEAT	H
2/		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	WIDOW		O	lney //	ND OF BUSI
39		Olnev	(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		ITYPE OF WORK FOR MOST OF		STRY
	JSUA 20 S	L RESIDENCE (IF NURSING HOME	Montgomery or OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	•		zet Augiys	NO.
35	_		tgomery Olr		13d INSIDE CITY LIMITS?	5 Gelding	c Ct	
-	4 FA	THER'S NAME	MIDDLE LAS		15 MOTHER'S MAIDEN NA		00.	
7.7		Frederick	William Knu		Helen	В.		Saxte
			IVE WAR OR DATES	SECURITY NO.	17 INFORMANT	ADDRES		17 36
	_		VII 159  only one couse per line for (a), ( SED BY.	16 9996	Maryann Kn	ubbe same		PPROXIMATE IN
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION		NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PAI	RTIO
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W		N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FI	INDINGS US USES OF DE NO
a	CER	210. ACCIDENT WAS UNDERLYING		DAY VEAR	21c. HOW INJURY OCCURR		720	
7	CAL	OR CONTRIBUTING CAUSE OF D	CATH	1 DAY TEAK			100	
1	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, O	OFFICE, FARM ETC )	21f. LOCATION STREET	CITY OR TOW	n COUNT	TY
		AT WORK			Colta Co	91	<u> </u>	2
		sow the decreased plive of	pital) attended the deceased t	0 -	nd that in (my) (gur) opinion (	death accurred on the dat	e and hour and from	that (1)
		obov (did r	not) view the body after death.		DEGREE			ATE SIGNE
		De XX D	(D)	M	ATTENDING PHYSICIAN	MEDICAL STAFF	AN D P	3/5
		MAN CSE	Man - C					
$\dashv$		DE PHYLICIAN'S NAME TIPE	OR PRINT)		27e ADDRESS	1 -110	0	~ ~ ~
		JOHN GIL	ODMELL 1	M.	18111 Praco	Philos Dr.	Dray V	18.20
2	(	JRIAL, CREMATION, REMOVA PECIF Burial	ODMELL 1 23b. DATE 9/8/82	Gate	1811 Auguster Semestery or Crematory of Heaven Cem	Dio Di 1234 LOCAMON netery Silver	Spring, M.	182 arylan
	4 FU	JRIAL, CREMATION, REMOVA PECE Burial NERAL DT SON Whe	ODMELL P	Gate	EMETERY OR CREMATORY of Heaven Cem  25-DAI	REC'D. BY REGISTRAR	Spring M:	DIATURE



the ottending physician and completely filled in by the remove carban papers. Pages 1 and 2 should be filed with

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion should be detached for use as the burial-transit permit. Then please remove corban papers: P IMPORTANT: If them 21 is marked or them 18 shows any injury, or ather traumatic event, the should be detoched for use as the burial-transit permit. Then please remove carban pape with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

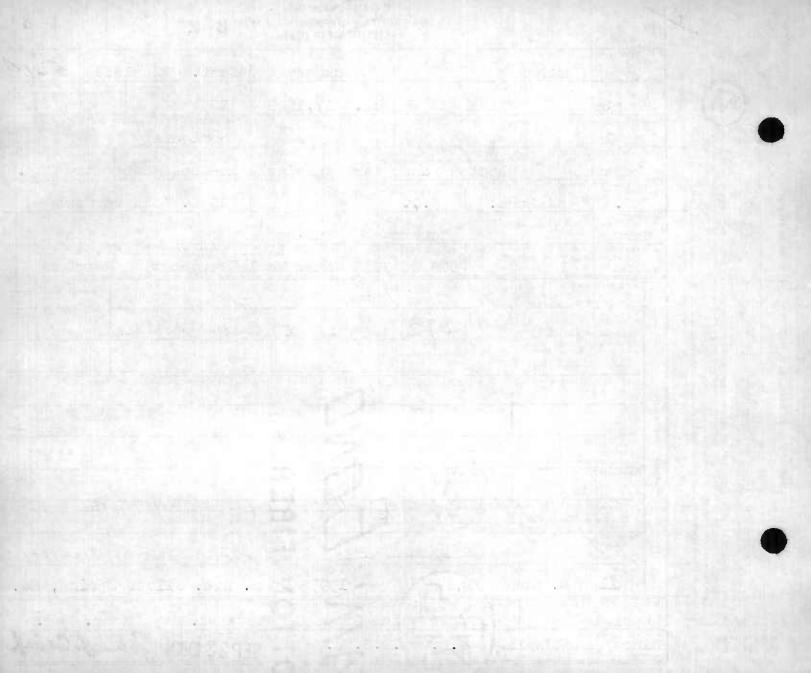
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-	REGISTRAR				CENTII	ICATE OF DEATH	R	EG. NO.			
h		CEASED NAME	FIRST	A	AIDDLE	L	AST	20 DATE OF DEA	нтиом НТА	DAY YEAR	2b. HOUR	
	(,,,,,		sther		A	Ko	ockogey	Sept.	22	1982	5217	
	3 SEX	K	4	RACE		5. DATE C		6 AGE (IN YEARS L	AST BIRTHDAY)	MONTHS DAYS		
		emale		White		Oct.		76	YRS		HOURS MIN	
3	To BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY?				RY? 8	D NEVER MARRIED	9. BALTIMORE	ITY OR COUN	TY OF DEATH			
2	Maryland USA				WIDOWE		Montgomery					
7	10 CI	TY OR TOWN OF DEA	TH 1		HOSPITAL, NUR		OR OTHER INSTITUTION	12a USUAL OCC			OF BUSINESS OR	
6		heaton		Wheat	on Man	or Car	e Nursing	Home-Co				
1	130 S	AL RESIDENCE (IF NURS	136 COUNT		GIVE RESIDENCE BE		13d INSIDE CITY LIMITS?	13ª STREET ADD	RESS			
9		Md.	Mo	nt.	S.Ş		YES X NO	3321 S	. Leis	ure Wo	rld	
-	I4 FA	THER'S NAME	M	DDLE	LAST		15. MOTHER'S MAIDEN N.		DDLE		AST	
4	H	arry			Bowe	rs	Eunice				ng	
		(AS DECEASED EVER	IN U.S. ARM		166 SOCIAL SE	ECURITY NO.		63 Hori		•		
	- '-	one			578 2	6 7622	Janet Map	le (Daug	hter)	Mary	land	
		18 CAUSE OF DEATH (Enter only one couse per line for to), (b) and (c) APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH										
		PART I. DEATH WAS CAUSED BY										
		4360										
		Conditions, it ony, which (b) Hymeron Probats Caisbal Admirellers										
		gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF										
		underlying couse lost.										
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a										
	CERTIFICATION			THE PARTY								
	CAI	190 DATE OF OPERAT	ION	19b. CONDI	TION FOR WHI	ICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY	20b IF Y	ES, WERE FIND		
Ĭ.	RTIF							YES NO	NO [			
?		210. ACCIDENT WAS UND		1			21c. HOW INJURY OCCUP	RRED (ENTER NATURE O	OF INJURY IN ITEM 1	B PART 1 OR PART 2)		
	S	(IF EITHER, NOTIFY MEDICA	HOUR A.M. MONTH DAY YEAR P.M. 19									
	MEDICAL	/AT HOM			OF INJURY	CE EARM ETC.)	211. LOCATION STREET	City	OR TOWN	COUNTY	STATE	
	2	AT WORK AT WO	RK -			CE, 1710-9 E1-C.)	S. Att. Class		61		3.4.6	
		220.1 certify that (1) this haspital) attended the deceased from										
		sow the decessed olive on) 19 19, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above. (1) (we) (did) (did not) view the body after death.										
		276. SIGNATURE DEGREE 221. DATE SIGNED										
		/ lu	- 1	Mal		P	ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN	1/2	12/2	
		22d. PHYSICIAN'S NA		-			22e ADDRESS			To IVA		
		Allan I	3. Co	han MI	,PA		13975 Con	n. Ave.	Silve	r Sprin	ng, Md.	
		URIAL, CREMATION, I	REMOVAL	236 DATE	2.	3c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE	
		Burial	40.00	9/25	/82	Pine (	Grove Cemet	ery Mt.	Airy	Mont.	Md.	

BP DHMH - 16 60M 1/75 (VR A 15 (4))

24 FUNERAL DIRECTOR
Hines/Rinaldi 11800 N.HADAVE.S.S.Md.

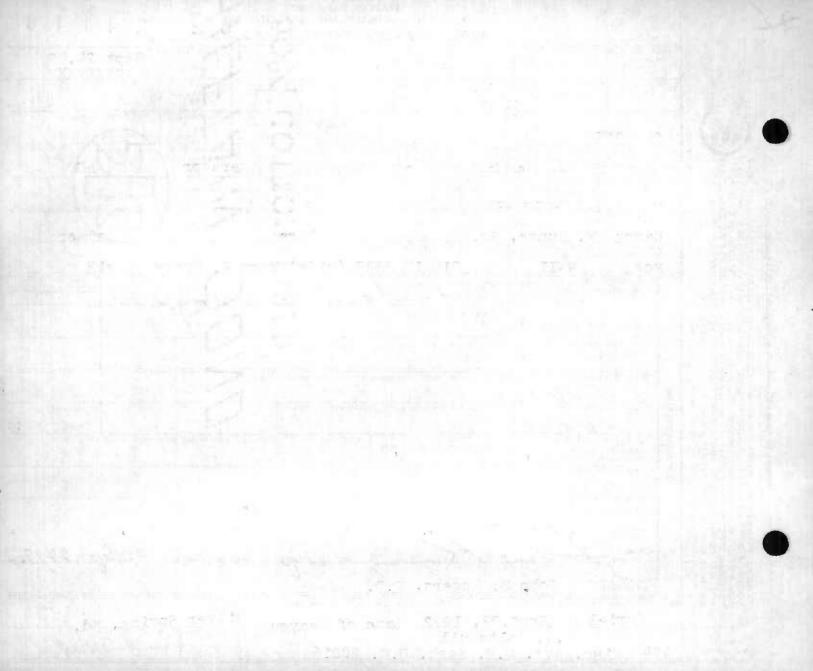
Pine Grove Cemetery Mt. Airy Mont. Md. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE SEP 23 1982



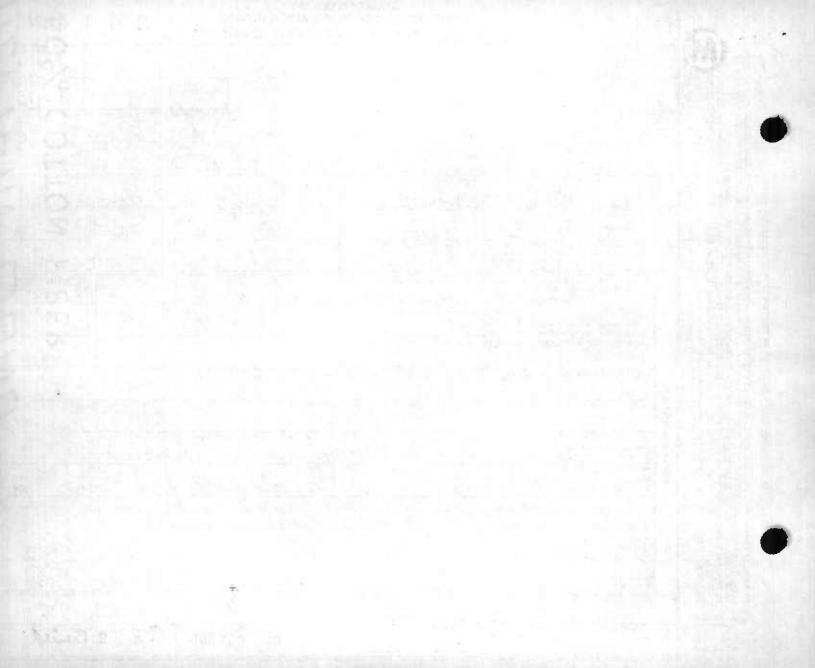
		- FOR				STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE									
		] -	STATE REGISTRAR					CERTIFICATE	100	H 2	REG. NO.	4		1	1
1	-	I. DÉ	CEASED NA	ME FIRST		WIDDLE		LAST	20	. DATE	NOWN DY	MONTH	DAY Y	FEAR 26	HOUR
00	Mark St.	-(TYP	PE OR PRINT)	JOH	IN	EARL		KUHN		OF	MATED	9	2 19	829	:10
	E E E E E	3. SE	X	4. RACE	5. DATE OF E	BIRTH 6. A		UNDER 1 YR. IF UND	ER 24 HRS. 20	DATE		HTMÖN	DAY		aHOM?
	E SAZ	М	ale	White		27 1923	59 YRS.	INTHS DAYS HOURS	MIN. PF	DEAD	Septe	mbe	r 2.		:10
	1 1 7 6	70 B	IRTHPLACE	(STATE OR		OF WHAT COUNTRY	n In	RRIED X NEVER MAI		BALTIMO	ORE CITY OR	COUNT	Y OF DEAT		
	GAGE TO	1	PENNSY!	LVANIA	u	S.A.			RCED	Mon	tgomer	·v			MÜ
	SHARE S	10. C	ITY OR TOW	N OF DEATH	11. NAME OF	F HOSPITAL, NURSIN	IG HOME, OR O	THER INSTITUTION	12a. USUA		ATION (TYPE O			OF BUSIN	ESS
	S S S S S S S S S S S S S S S S S S S	S	ilver	Spring	Holy	Cross H	ospita	1	CHIE	F EST	IMATOR	P		CONST	
5	24 HOURS AFTER DEATH. IF ANY DELITEM 18. GIVE PAGES 1, 2, AND 31 DIONG WITH FORM PM 3. RETAIN PREMIT. PAGES 1 AND 2 SHOULD BE GIENE, DIVISION OF VITAL RECORDS.	USU	AL RESIDENC	E (IF IN NURSING HOME O	OR OTHER INSTITUT	ION, GIVE RESIDENCE BEFO	RE ADMISSION)	13d. INSIDE CITY LIMITS	? I3e. STREE	T ADDRES	25				
21201	SECOND AND AND AND AND AND AND AND AND AND A		arvla		gomer		er Spr				Gridle	YL	ane		
Q.	H. 74.3.	14. F/	ATHER'S NAM	AE	MIDDLE	LAST		15. MOTHER'S MA	IDEN NAME		DDLE		LAST		
	AND		FIRST	IN E	3.	KUHN		GRACE			GRUN	NING	ER	-31	
W	FORM FORM ON OR		WAS DECEAS ES, NO, OR UNK	SED EVER IN U.S. AR	WAR OR DATES)		SECURITY NO.	17. INFORMANT			ADDRESS				
BALTIMORE	S AFTER GIVE P. ITH FO PAGES IVISION		YES	Wu	II	579-1	20-2226	DOROTHY	w. Kut	HN	SAME	AS 1		WIFE	
	18. WI		18. CAUSE	OF DEATH (Enter on DEATH WAS CAUSE	ly one couse p	er line for (a) (b), on	d (c).)	4.		1 0	1 20	2	BETWEEN	ONSET AN	ERVAL D DEATH
201 W. PRESTON ST	A HC SERV SERV AL.		1-1-3		TE CAUSE (0)_	MCH		mys	CSN	013	2/	1.P1.			
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ac ac	WITHIN : WCIL IN INER A RANSIT TAL HY	-	gove	ons, if any, which rise to immediate	<	Chr	0 h 10	My	っしる	141	all	15	1.		
<u>×</u>	TED WI N PENC XAMIIN AL- TRA MENTA 'N, OR			<ul> <li>o) stating the <u>under</u>- ouse last.</li> </ul>	DUE TO	O, OR AS A CONSEC	UENCE OF		,						
	NO N				(c)_										
RECORDS	ULD BE EXECUTED VIEW IN PROBLEM IN PROBLEM IN PROBLEM IN PROBLEM IN PROBLEM IN PROBLEM IN CREMATION, (PERMATION, (PERMATION), (PERMATION)	z	PARI 2 UINER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO	OFATH BUT NOT RELATED T	O THE TERMINAL OIS	EASE OR CONDITION GIVEN IN	PART I (a).						
S S	MEAL CR	CERTIFICATION	19a DATE C	OF OPERATION	19b CC	ONDITION FOR WHI	CH OPERATION	WAS PERFORMED?					20. AUTO	DPSY?	
DIVISION OF VITAL	HOULD RD "PI HIEF / USED OF HE PIRIAL,	SE SE		1/02	. 1								YES		10
>	CERTIFICATE SHOUR STING THE WORD SEED TO THE CHIE ET 3 SHOULD BE USED FOR THE CHIEF TO SHOULD BE USED SHOULD BE USED SHOUR TO BURIANT OF THE CHIEF TO BURIANT SHOUR TO BURIANT SHOULD SHO	1	210 EXTERN	NAL CAUSE WAS		ME OF INJURY	21c.	HOW INJURY OCCUR	RRED (ENTER NA	TURE OF INJ	JRY IN ITEM 18 PAR	T 1 OR PAR			
0	SH CONTRACTOR			IG OR TING CAUSE OF E		R A.M. MONTH DA	Y YEAR								
500	SHOW TO TO THE SHOW T	MEDICAL	_	OCCURRED		P.M. ACE OF INJURY (A	19 T HOME, 21f.	LOCATION							
5	VRITIN VRITIN VRDED ARDED (GE 3.5 (TE DEP	¥	WHILE AT WORK	NOT WHILE	STREI	ET, FACTORY, FARM, ETC.)		STREET		CITY OR TOW	/N	COU	NTY		STATE
	STA STA								tion D						
	EXAMINER: CERTIFICAT OULD BE FOR I DIRECTOR: I, WITH THE MARYLAND					ns described obove, I	1	_ `	1	Inquiry		n my opi	nion		
	AME SECOND		deoth resu	Ited from: Natur	rol couses 🔼	Accident	, Suicide L	, Homicide	J Undeter	mined mo	nner,				
	A. W. S.		ACTUAL	10	01	10-0		TITLE (SPECIFY)	2 , MEDIC			DATE	Fax	11	913
	EAT SET S		SIGNATUR		1	1	~	M.D.	MEDIC	AL EXAM	INER	SIGNE	70	1-1	1
	TO MEDICAL EXAM EXECUTE THE CERT PAGE 4 SHOULD PAGE 4 SHOULD PATER DEATH, WITH BALTIMORE, MARRY	1	ENDAMINER	S NAME JOHN	S. ROG	ERS		ADDRESS19	119 SEM:	INARY	ROAD,	SILV	ER SP	PRING	, MD.
	522 5 E E E	23 a. B	-	ATION, REMOVAL 1		23c. NAM		OR CREMATORY	23d. LOC			COUN	TY	STATE	
	BP		BUI	RIAL	9/4/		RKLAWN C	CEMETERY	ROCI	KŸĬLL	E M	ONT	MI	).	
	DHMH - 17	24 F		ECTOF-RANCIS					TE REC'D. BY R		(/	RAR'S SI	GNATURE		1
	(VR A15 ME (5) ) 15M 2/80		500 Ul	NIV.BLVD.,	.w.,SIL	VER SPRIN	3,MD. 20	901	SEP 5	71982	Jo	in	* la	mey	^
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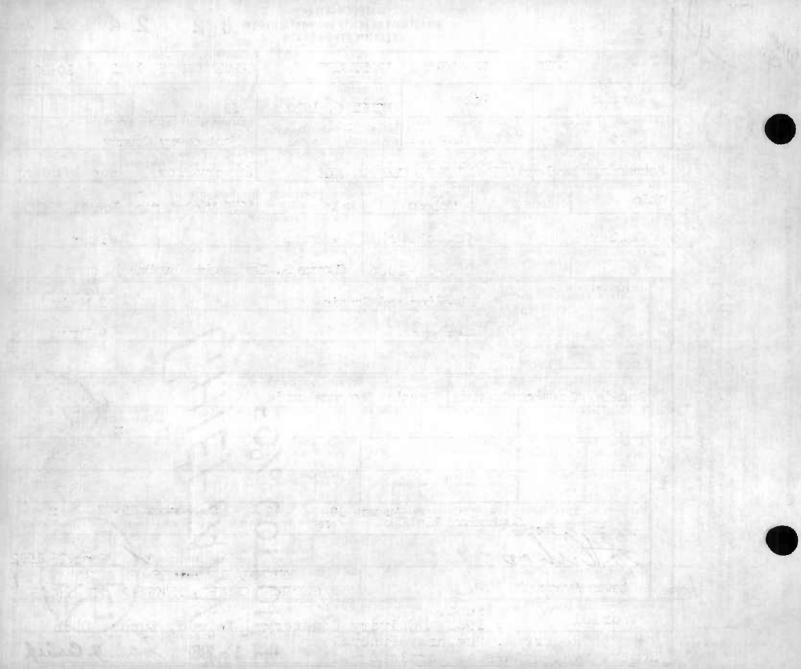
	FOR	DEPARTMEN	STATE OF MARYLAND IT OF HEALTH AND MENTAL	HYGIENE O	24118
	REGISTRAR	MEDICAL EXA	AMINER'S CERTIFICATE	OF DEATH REG. NO	
	CEASED NAME FIRST HARRY	WILLIE KUNZE	JR.	26. DATE KNOWN DE CONTROL OF ESTI- DEATH MATED	Sept 24,82 26 HOUR
3. SEX m	ale white		GE (IN YEARS IF UNDER 1 YR. IF UNDE ST BIRTHDAY) MONTHS DAYS HOURS	MIN. PRONOUNCED	MONTH DAY YEAR 2d. HOUR 24/82 19 12:37A
FOR	RTHPLACE ISTATE OR REIGN COUNTRY) WYORK	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIEDXXXVEVER MAR WIDOWED DIVOR	person.	
Tak	roma Park, Md.	Washington Adver	ntist Hospital	120. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE) OPERATOR	
13o. ST	TATE 13b. COL			13. STREET ADDRESS 1614 Moffet Rd	
14. FA	THER'S NAME	MIDDLE LAST	IS. MOTHER'S MAIL Clara		LAST
166. W (YE	AS DECEASED EVER IN U.S.	IVE WAR OR DATES)	ECURITY NO. 17. INFORMANT	ary E. Kunze	Hammer #13
	Canditians, if any, whi gove rise to immedic couse (a) stating the undilying couse last.  PART 2 OTHER SIGNIFICANT CONDITION	ote (b) DUE TO, OR AS A CONSEO		ART 1 (o).	
I FIC	190. DATE OF OPERATION 216. EXTERNAL CAUSE WAS	195 CONDITION FOR WHICE	H OPERATION WAS PERFORMED?	RED LENTER NATURE OF HUURY IN ITEM 18 P	20 AUTOPSY?  YES NO NO
MEDICAL C	UNDERLYING OR CONTRIBUTING CAUSE C	HOUR A.M. MONTH DAY	YEAR 19 HOME. 21f. LOCATION	ED frank asions of same sality abs	anti Orrani 2j
WE	WHILE DOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
7	ACTUAL SIGNATURE	orge of the remoins described obave, h	Suicide , Homicide TITLE (SPECIFY)	on Inquiry , and Undetermined manner ,  MEDICAL EXAMINER	DATE SINGE SINGE
23s.8U	JRIAL, CREMATION, REMOVAL	ohn S. Rogers, 1 236. DATE 23c. NAME	OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
-	Burial UNERAL DIRECTOR W.V	Sept.27, 1982 V. Taltavull	Gate of Heaven	Silver Spri	
47	748 Wisc. At	ve. N.W. Wash.	D.C. 20016	0	on wantly



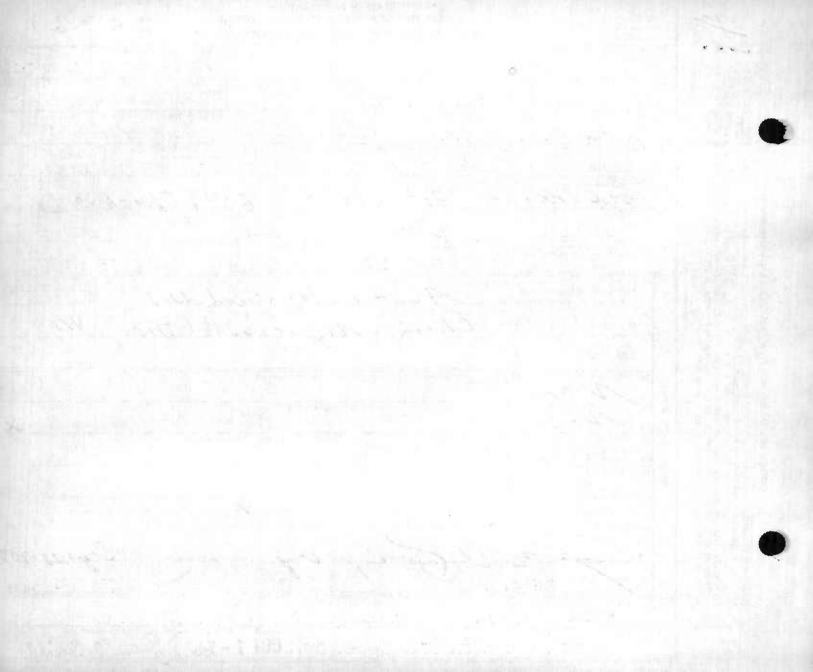
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME KNOWN O 20. DATE (TYPE OR PRINT) OF ESTI-LEE AND 3 TO THE FUNERAL DIRECTOR. RETAIN PAGE 5 FOR YOUR FILES. HOULD BE FILED, WITHIN 72 HOURS PRESTON STREE 3. SEX DATE PRONOUNCED 13 AUC DEAD 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. WEST VIRGINIA DIVORCED CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY TH MANDY 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 20782 14. FATHER'S NAME LAMARR THELMA 7 INFORMANT ADDRESS 166. SOCIAL SECURITY NO SAME AS 13 215-68-9738 OTCHELL L. LAMARR APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: ACUTE IMMEDIATE CAUSE (o)\_ Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 2)201 PRIOR TO BUTA YES NO L 216. TIME OF INJURY 21a EXTERNAL CAUSE WAS HOUR AM MONTH DAY CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f. LOCATION STREET FACTORY, FARM, ETC.) NOT WHILE AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Suicide Undetermined monner AFTER DEATH, V EXAMINER'S NAME 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236, DATE MD TATE GEORGE WASHINGTON 9/18/82 BURTAL FUNERAL DIRECTOR FRANCIS J. ADDRESS SPRING, MD. 20901 25h GISTRAR'S SIGNADIRE 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) 15M 2/80



	del	9.31		FOR			0.50		E OF MARYLAND			0	A 1	-	0
W		4	1.	STATE REGISTRAR			DEPA	CERTIF	EALTH AND MENT	H HYGIE	REG. N	0.	4 1	64	U
Man.	poge 3			CEASED NAME OR PRINT)	LOIS		EATRICE		PRECHT		20. DATE OF DEATH SEPTEMBER		982	26. HO	30 PM
	ge 4 moy		3. SE	<sup>x</sup> Female		4. RACE Wh:	ite	S. DATE C		EAR	62	THDAY)	FUNDER TYEA	R IF UNDE	MIN.
0		1/2		RTHPLACE (STATE OR F	Į	United		MARRIE		ED D	Montgome:	ry Cou	inty		MD.
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AND 21	filled in hould be	197	Öŀ	110	Tucs 1131 Conu. Ing Home or G	TY	13c. CITY OR 1	OWN	13d. INSIDE CITY LIA YES 🔀 NO [		30. STREET ADDRESS	t Road	l lot	11 43	623
MARYL	ompletely ompletely	1000		Walter			jciech		15. MOTHER'S MAIL FIRST Marth		WIDDLE		Reite	er	Y.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	on ond c	Jedico J		vas deceased ever yes no or unknown) No		MED FORCES?		1 - 2086	George	A. La	amprecht (h			me	
ST., BAL	ng physici bonpoper	event, th		PART I. DEATH W	AS CAUSED			ng and S	epsis					NONSET AN	ERVAL ID DEATH
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W. PF	nor me I by the Pose rem	ol, cremo		cause (a), statin underlying cause	g the	DUE TO, C	R AS A CONSE	OUENCE OF							
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AL RECO	on. hos bee t permit.	shows ony	CERTIFICATION	19a. DATE OF OPERA	TION	196. COND	ITION FOR WE	IICH OPERATIO	N WAS PERFORMED		20d AUTOPSY? YES █ NO□	IN CERTIF	S, WERE FINE YING CAUSI S X	DINGS USE ES OF DEA NO [	ATH?
OF VIT	Dhysici ertificate	Mentol Hygie or Ifem 18 sho		210. ACCIDENT WAS UNE OR CONTRIBUTING C	CAUSE OF DEAT	in	OF INJURY m. MONTH .m.	DAY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2	)	
NOISINI	ottendin ter this c	oith and Me morked or It	MEDICAL	21d. INJURY OCCURE	ILE [		OF INJURY REET, FACTORY, OFF	FICE, FARM, ETC )	21f. LOCATION STREET	WE S	CITY OR TO	)WN	COUNTY		STATE
	pitol or TOR: Af	of Healtl		220.1 certify that (%)	(this hospited alive on a	ol) ottended the	he deceosed from	9 82 , or	st 10 , 19. nd that in MX (aur)	82 opinion de	_, to <b>Septer</b> eath occurred on the d	nber 2 ote and hou	5 82 r and from th	. that <b>K</b>	(we) lost
	the hos AL DIREC	ote Dept T: If Item		27h SIGNOTURE	lh	mp			DEGREE	DING	MEDICAL STA	FF 1	22c. DA	t.26	0
000		MPORTANT		Steven A	verbu	ch, M.E		Y 0 = 3			AL INSTITUTE CENTER, BI		HEAL		
\$	BP	3 \$	23a.	BURIAL, CREMATION,	REMOVAL	236. DATE S	ept. 982		emetery or crema	ATORY	23d LOCATION CITY OF TOWN Toledo	Luc	COUNTY	33.37	STATE
DHA	MH - 16 50/ (VRA 15,		24. F	UNERAL DIRECTOR R	ober A. Be	t A. P	umphre	y Fune	eral		REC'D. BY REGISTRAR	256. BEGIST		ATURE	if.

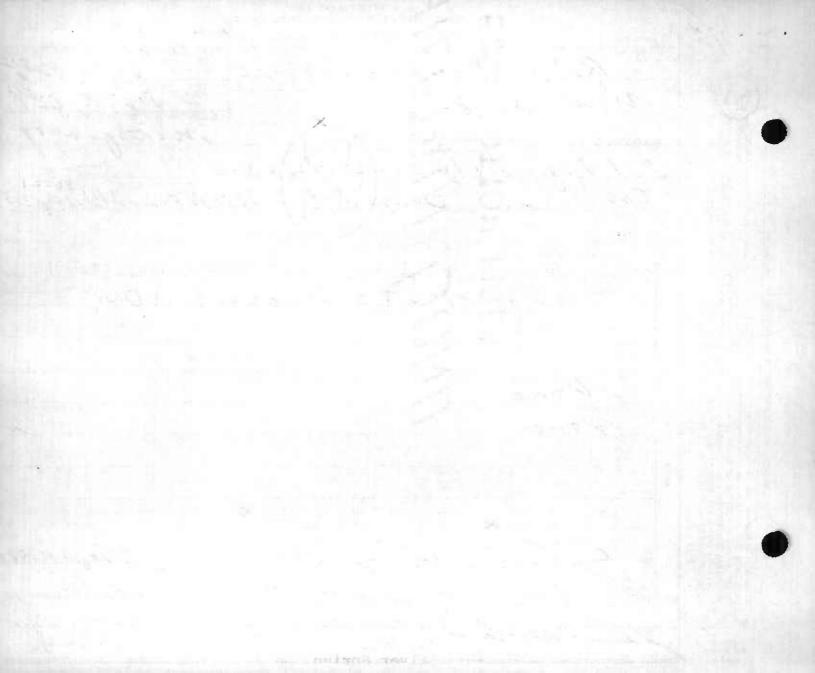


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F ANY DEA AND 3 TO RETAIN BE HOULD BE RECORDS	130. 31 A	Mos	- M	ont,	1300	hes da	13d. INSIDE CITY LIM	13º STREET	37 Ch.	colive	2 /	
A A S 3.2. 6	14. FATH	ER'S NAME				700000	15. MOTHER'S M	AIDEN NAME			- 4	
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IMORE PAGE CORM I	160. WAS	DECEASED	EVER IN U.S. ARA	MED FORCES?		SECURITY NO.	17. INFORMANT		ADDRESS		271	
REALTIMORE, IRS AFTER DEA! S. GIVE PAGES WITH FORM P. T. PAGES I ANI DIVISION OF A	(YES, N	O, OR UNKNOW		WAR OR DATES)	578-0	9-3272	MARY	S. DRAKE	SAME	AS 13 D	AUGHT	FR
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CORDS, 201 W. PRESTON ST BE EXECUTED WITHIN 24 HOI NDING" IN PENCIL IN ITEM 1 EDICAL EXAMINER ALONG LIT AND MENTAL HYGIENE, REMATION, OR REMOVAL.		lying cause	lost.	(6)			•					
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L RECORDS, ULD BE EXEC "PENDING" FE MEDICAL FE A BUI HEALTH AN AL, CREMATI	8	1	On	C								
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CERTIF CERTIF TING 3 SHC DEPAR		I. INJURY OC		21e PLACE	OF INJURY (AT	HOME, 211. LC	CATION					
DIVIS HIS CER WRITIN ARDED AGE 3 S AGE 3 S			NOT WHILE	STREET, FAC	TORY, FARM, ETC.)		STREET	CI	TY OR TOWN	COUNTY		STATE
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EXAMINER: CERTIFICATE ULD BE FOR J. WITH THE MARYLAND,	1 1	_ ′		e of the remains de			1 [			d in my opinion		
RECIENT OF THE STATE OF THE STA	9	leath resulted	from: Notur	ral couses 🔄,	Accident	Suicide	, Homicide L		ined monner,			
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 2a. DATE KNOWN TYPE OR PRINTI LAURENCE OF ESTI-6. AGE (IN YEARS SEX RACE IF UNDER 24 HRS DATE LAST BIRTHDAY VEAD PRONOUNCED 7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 9. BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED S America DIVORCED WIDOWED Colorado CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK) 126. KIND OF BUSINESS GIVE STREET ADDRESS! FOR MOST OF WORKING LIFE! OR INDUSTRY USArmy MSat OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 30. STATE CATY OR TOWN 3d. INSIDE CITY LIMITS? Adams 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST FIRST Arthur Laurence unknown DIVISIONO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) \$292 18 1324 Eleanor Laurence Yes WW (same as 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BURIAL - TRANSIT PERMIT. ED AS A BURIAL - IKAINGIN HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION USED / 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ICATE, WRITING THE WORL
F FORWARDED TO THE CH
TOR: PAGE 3 SHOULD BE U
THE STATE DEPARTMENT O YES D 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 19 21s PLACE OF INJURY 21f. LOCATION LATHOME EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.I STREET CITY OR TOWN STATE COUNTY WHILE WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted Iram: Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINED NAME Maryland Silver Spring, John Rogers ABDRESS (TYPE OF PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION COUNTY Colo. Logan Nat'l BP Denver Denver Cem **DHMH-17** (VR A 15 ME (5)) 15M 2/80



1170 Rockville Pike; Rockville, Maryland 20852

- STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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500 University Blvd. W. Silver Spring.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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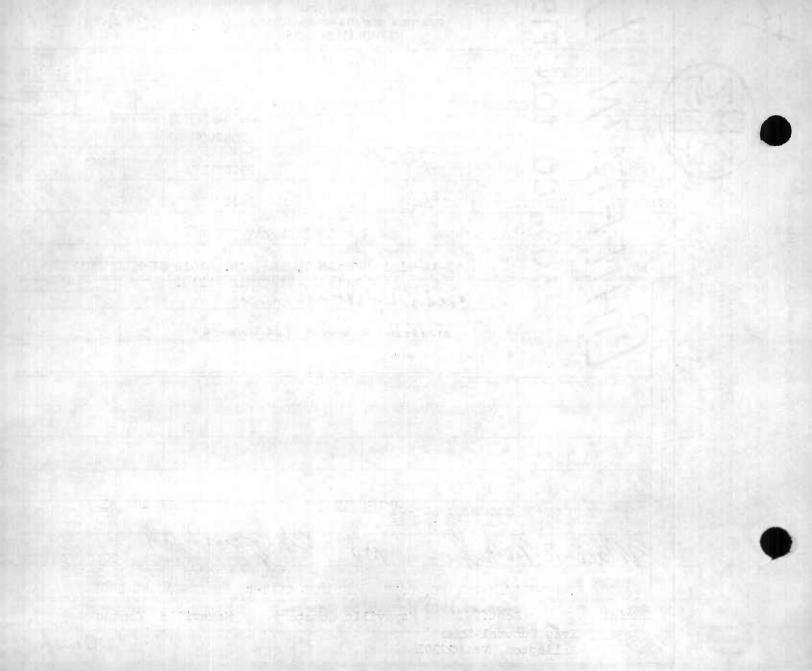
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	dars. 2 024 Spottswood	not Ind	T 6125-8	2.565	d Silve	Ō

Jeseph Wallace

5817 Lenex Ed. Lonwood ark, etheron, M.

remetion 5/15/1982 Cedar Hill Gremetory Suitaund, Marylond. Joseph Garlor's Lens Inc.

5120 Miso. Ave., M.V. "dsh/, D.C.



	1. DE			DEPARIN	CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH AST MAN	REG. N 20. DATE OF DEATH Septemb	MONTH DA		2b. HOUR							
	3 SE	ALE	4 RACE WHITE			3, 1957 YEAR	6. AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 1 YEAR IF UNDER 24 HRS								
- 15 out		RTHPLACE (STATE OR FORE	7b. CITIZEN OF V	VHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED												
notified 1	T	TY OR TOWN OF DEATH	Washing	ton Adve	htist	Hospital	Programer	ION OF WORKING LIFE)		BUSINESS O							
35	Ma		HOME OR OTHER INSTITUTION COUNTY Montgonery	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Takoma	N	13d. INSIDE CITY LIMITS? YES AO	13. SIREEI ADDRESS <b>8220 Gree</b>	nwood /	Avenue								
52 52	14 FA	George	MIDDLE	Leeman		Genevieve	WE	Unknov	<b>WN</b> LAST								
medicol	16a V	VAS DECEASED EVER IN	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	166 SOCIAL SECUI		17. INFORMANT  Beverly M. L	eeman Same	as #13	3 (Wif	'e)							
ny injury, or other	AL CERTIFICATION		underlying couse	the lost. (c)	ETO, OR AS A CONSEQUENCE OF  (c)  ONS CONTRIBUTING TO DEATH BUT IN  CONDITION FOR WHICH OPERATION			RMINAL DISEASE OR CONDITION GIVEN IN PART  200. AUTOPSY?  200. IF YES, WERE FIND IN CERTIFYING CAUS		WERE FINDIN	DINGS USED						
00														H DAY YEAR		17	IN CERTIFY!
		21a. ACCIDENT WAS UNDERLO	SE OF DEATH HOUR A.	A. MONTH DA		21c. HOW INJURY OCCURI	YES NO	YES	X	NO 🗌							
ked or Item 18 shows o	MEDICAL CERTIF	OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d INJURY OCCURRED	SE OF DEATH EXAMINER)  21e. PLACE C	A. MONTH DA	19	211. HOW INJURY OCCURI	YES NO	YES	X								
n z i is morked of liem to shows o		OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE 220.1 certify that (1) (th saw the deceased above, (1) (we) (did.	SE OF DEATH EXAMINER)  21e. PLACE C (AT HOME, STR	A. MONTH DA  A.  DE INJURY  EET, FACTORY, OFFICE, FA  deceased from  19	19 ARM, ETC) Sept. 82, or	21f. LOCATION STREET  18 , 19 82 and that in (my) (aur) opinion	YES NO C	YES RY IN ITEM 18 PAR	COUNTY  27 I OR PART 2)  COUNTY  29 82 , ti	STATE hat (I) (we) lo auses stated							
If Item 21 is marked or Item I		OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (th saw the decessed	SE OF DEATH EXAMINER)  21e. PLACE ( (AT HOME, STR  is hospitol) attended the Sept. ((did not) view the bady.	A. MONTH DA  A.  DE INJURY  EET, FACTORY, OFFICE, FA  deceased from  19	19 ARM, ETC) Sept. 82, or	21f. LOCATION STREET  18 , 19 82 and that in (my) (aur) opinion DEGREE  ATTENDING PHYSICIAN [	YES NO CRED (ENTER NATURE OF INJUING AND I	YES RY IN ITEM 18 PAR  OWN  23 , 19 ote and hour of	COUNTY	STATE							
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20. DATE OF DEATH 26 HOUR 1:05 PM SEPTEMBER 13 1982 6 AGE (IN YEARS LAST BIRTHDAY)

DAVID ALVIN LEMBERT

4. RACE WHITE

MONTH AUGUST 27

S DATE OF BIRTH

1908

74 BALTIMORE CITY OR COUNTY OF DEATH

a. BIRTHPLACE ISTATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED WIDOWED DIVORCED

MONTGOMERY

RUSSTA CITY OR TOWN OF DEATH

- STATE

REGISTRAR

DECEASED NAME

F NOT IN SUCH FACILITY, GIVE STREET ADDRESS) NAVAL HOSPITAL

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

12g USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE

126 KIND OF BUSINESS OR PRIVATE

PHYSICIAN CALIFORNIA 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 5151 WHITE OAK AVENUE

ENCINO

UNITED STATES

15 MOTHER'S MAIDEN NAME

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

4 FATHER'S NAME

LEMBERG 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)

1942-1946

166 SOCIAL SECURITY NO 342-46-8279A

CARDIAC ARREST

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

FRANCES LEMBERG 17. INFORMANT

4504 PERET AVENUE

NANCY GORDON. ENCINO, CALIFORNIA 91436.

MAMEDIATE CAUSE (0)\_ Conditions, if ony, which gove rise to immediate couse los, stoting the underlying couse

METASTATIC CARCINOMA OF THE PANCREAS DUE TO, OR AS A CONSEQUENCE OF

DUE TO OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

P.M

21e. PLACE OF INJURY AT HOME STREET, FACTORY OFFICE, FARM, ETC.)

21f LOCATION

NOX

CITY OF TOWN

SEPTEMBER

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

YES [

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

STATE

NO F

NOT WHILE

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN X DIRECTOR PHYSICIAN

22c DATE SIGNED

LOUIS LEMBERG.

23h DATE

EUSMANGENESY ODDFETPLOWS 23d LOCATION CEMETERY ASSOCIATION

3661 S. Miami Avenue, Miami, FL 33133

LOS ANGELES. LOS ANGELES

CREMATION 9/16/1982

24 FUDONALEDIAN. STEIN HEBREW MEMORIAL FUNERAL HOME 250. DE 232 CARROLL STREET. N. W. WASHINGTON. D. C.

DHMH - 16 50M 1/81 (VRA 15, 4)

S.S. Md. 20904

- STATE

(VRA 15, 4)

Hines/Rinaldi Funeral Home

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

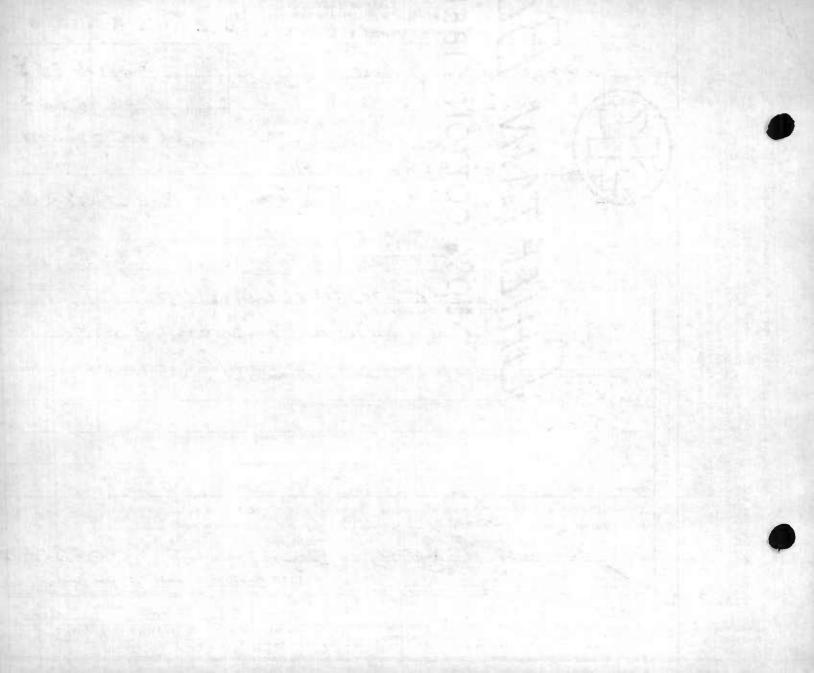
CERTIFICATE OF DEATH

OF AND Collegenor World Fore | Accounting Clark Feb. U.C. Cort. \_\_\_\_\_\_\_ Brantond Pur Georges MA.

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR I. DECEASED NAME FIRST 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED A AGE IN YEARS MUNDER 24 HRS DATE MONTH LAST BIRTHDAY) PRONOUNCED DEAD To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED Poland U. S. A. WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK KIND OF BUSINESS OR INDUSTRY Merchant Groceru 136. CQUNTY 13a. STATE 3d INSIDE CITY LIMITS? 13e STREET ADDRESS 6 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Leon Celia Meltzer ADDREW Bel Pre Road, LubitzSilver Spring, Md 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 16b. SOCIAL SECURITY NO DIVISION 577-10-7809-A APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 301 W. PRESTON ST. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, it any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES PRIOR TO BURN 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 211. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK PAGE 4 SHOULD BE FORN TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STEATMORE, MARYLAND, 21 22a. I certify that I taak charge of the remains described above, held an Inspections and in my apinian Natural causes Accident death resulted fram: Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE John S. Rogers. 1919 Seminary Road. Silver Spring. Md. 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE 9/28/1982 King David Mem. Garden Virginia DHMH-17 20M 1/73 (VR A15 ME (5))



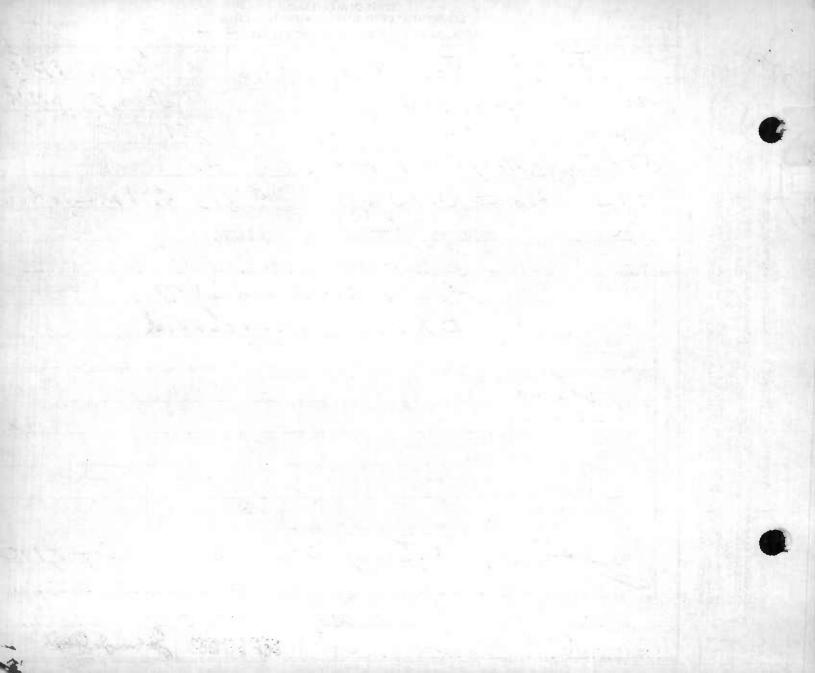
		FOR STATE REGISTRAR		DEPARTMENT OF I	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO.	24134
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M	3 SE	MALE	4 RACE WHI	TE NOV	EMBER 15, 1899	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
對		RTHPLACE (STATE OR FOREIGN	u.s	.A. WIDOW			GOMERY ,
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IMPORTANT: If I		228, PHYSICIAN'S NAME	YPE OR PRINT) A-	TEL M	220 ADDRESS 6/2/MON	MEDICAL STAFF DIRECTOR PHYSICIAN	ROCKILLEM
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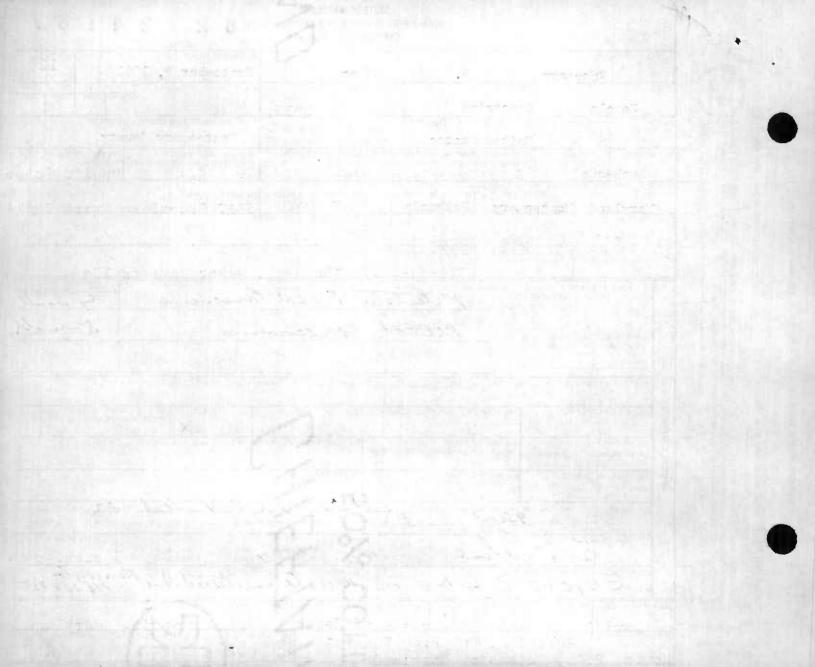
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE DECEASED NAME LAST 20 DATE OF DEATH MONTH 2h HOUR (TYPE OF PRINT) OLIVIA C. MADDOX Sens 3 SEX 4 RACE S DATE OF BIRTH . AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR IF UNDER 24 HRS HOURS temple WHITE Feb. 25, 1894 TO BIRTHPLACE ISTATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | Washington D.C. WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH I LE NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) Ret. Clerk Goverment USUAL RESIDENCE IN SUBBING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 STATE 135 COUNTY 136 CITY OR TOWN Silver Spring 130 GEREGE ADDRESSI ... 134. INSIDE CITY LIMITS? Md. 20906 Montgomery 3625 Tarkington Lane NO [ 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME B. MIDDLE WillTam Betty st Goldsby LAST Weir ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214 52 6085 Same as #13 (Daughter) Louise H. Maddox APPROXIMATE INTERVAL 11 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOM YES [ NO I Item 18 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 0 211 LOCATION 21d INJURY OCCURRED 21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased olive on\_ and that in (my) (our) opinion death occurred an the date and hour and from the causes stated abave. (1) (we) (did) (did nat) view the body after deat SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT: 22e ADDRESS TO FUNE should be a with the Si Silver Spring. Md. Brentwood 23ª BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 9/13/82 Ft. Lincoln Cemetery Maryland Francisco Sons Funeral Home, P.A. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-16 25M** Hyattsville, Maryland (VRA 15, 4) 1/79

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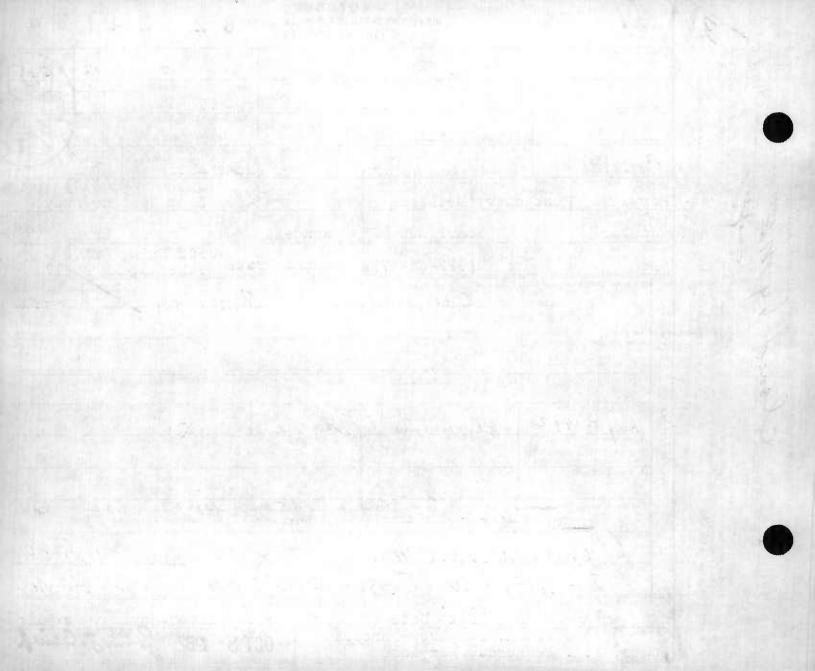
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	1-	STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	24136
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DI THIS WARE WARE PAGE 2120		WHILE NOT WHILE ST		
EXAMINER: THIS CERTIFICATE SHE ECRRIFICATE, WAITING THE WORR ULU BE FORWARDED TO THE CH I DIRECTOR: PAGE 3 SHOULD BE U 4, WITH THE STATE DEPAREMENT O MARYLAND, 21201 PRIOR TO BUR		220 I certify that I took charge of the rem	noins described above, held on Autopsy . Inspection . Inquiry .	and in my apinian
EXAMINER: CERTIFICATE JUD BE FOR DIRECTOR: AWITH THE S		death resulted from. Natural causes	Accident, Suicide, Homicide, Undetermined monner	
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STATE OF MARYLAND



500 University Blud., W. Silver Spring, Md.

STATE OF MARYLAND

\*HOMES, P.A., BETHESDA, MARYLAND

STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😭

CERTIFICATE OF DEATH

REG. NO

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9 years

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE

Same

YES TX

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

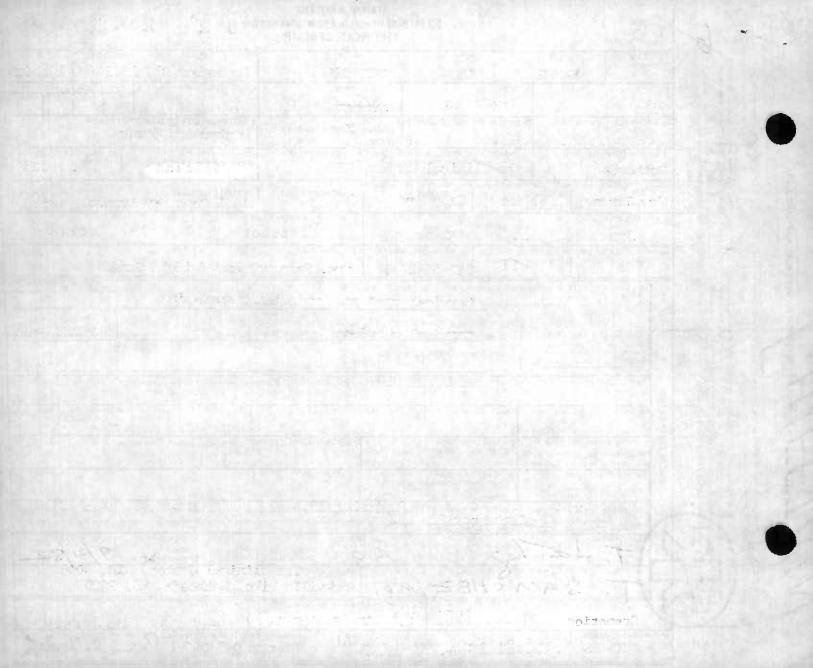
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IF UNDER 1 YEAR

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IF UNDER 24 HRS

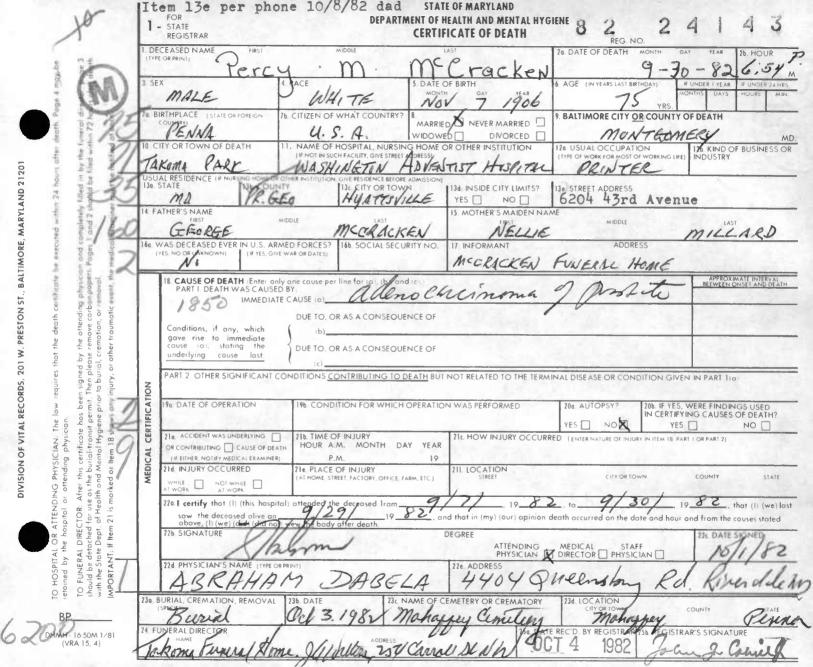
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STATE OF MARYLAND

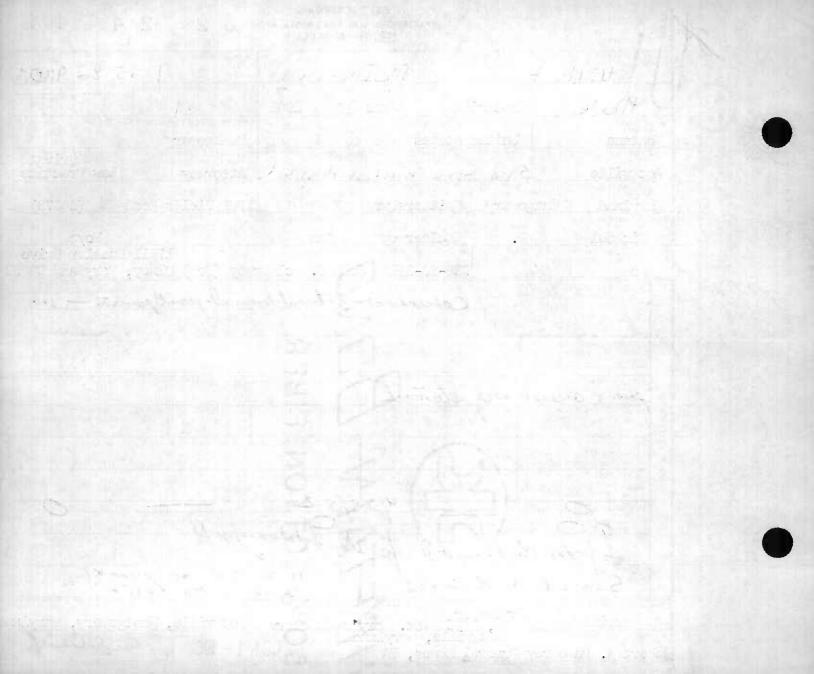
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	/a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	BALTIMORE CITY OR COU	NTY OF DEATH
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7 ± 5 ± 3 ₹	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c N	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
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(VRA 15, 4)	Ro	bert A. Pumphre	y Funeral Homes,		1 - 1982 6	my coming



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR REG. NO I. DECEASED NAME MICOLE DATE KNOWN 7h HOUR (TYPE OR PRINT) OF ESTI-McKenna DEATH MATED 9:12: Mr. Joseph Maurice 9 21 820 NECESSARY, PLEA SEX 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE MONTH LAST BIRTHDAY) PRONOUNCED 5 24 13 male white 69 9:12a DEAD 21 82 WITHER Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED U.S.A. Connecticut WIDOWED TY DIVORCED Montgomery County BE FILED, W 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Takoma Pk Md Washington Adventist Hospital Economist U.S. Gov't. OULD BE ECORDS. AND 3 TO RETAIN 6 USUAL RESIDENCE (IE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) NIL COUNTY 3a STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 7004 23rd Avenue P.G. Maryland Co. Lewisdale YES TX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME PA, MIDOLE MIGDLE FIRST McKenna James Elizabeth Lynch 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7. INFORMANT ADDRESS DIVISION Columbia, Md. (YES. NO. OR UNKNOWN) (IF YES, GIVE WAR OR GATES) 045-01-9938 None Daughter ALONG W CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate OR cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART L CERTIFICATION 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? E CHIEF BE USED DRWARDED TO THE CHIE R: PAGE 3 SHOULD BE USI E STATE DEPARTMENT OF D, 21201 PRIOR TO BURIA YES 1 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21 e PLACE OF INJURY (AT HOME 211. LOCATION AT WORK AT WATER STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: P.
AFTER DEATH, WITH THE ST.
BALTIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinion death resulted from Natural causes Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) Dr. John S. Rogers Silver Spring, Maryland (TYPE OR PRINT) ADDRESS 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Silver Spring. Burial Sept of Heaven Cemetery Mont. Co., Md. 24 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) Chambers Funeral Home Riverdale, Maryland 15M 2/80

The second second second Company of the second state of the second stat and the state of t det | Baby/25/06 have of Joseph Journey | direct postor, North No., Me.

P.O. Box 7428

Warner E. Pumphrey, Inc., Sil. Spr., Md.

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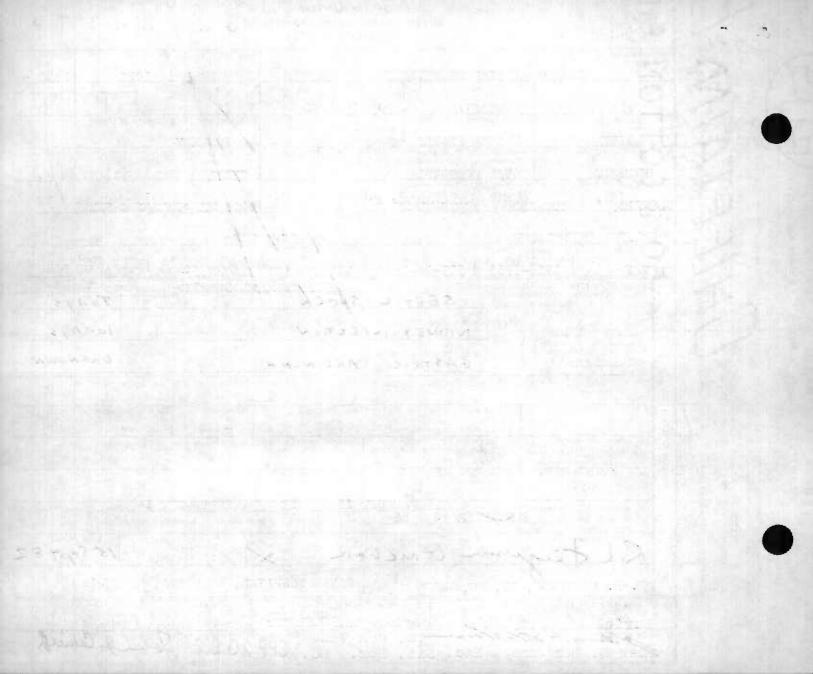
REGISTRAR

- STATE

DHMH - 16 50M 1/B1 (VRA 15, 4) STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



W CHAMBERS CO. 8655 Ga., Ave., SS, Md. 2970

STATE OF MARYLAND

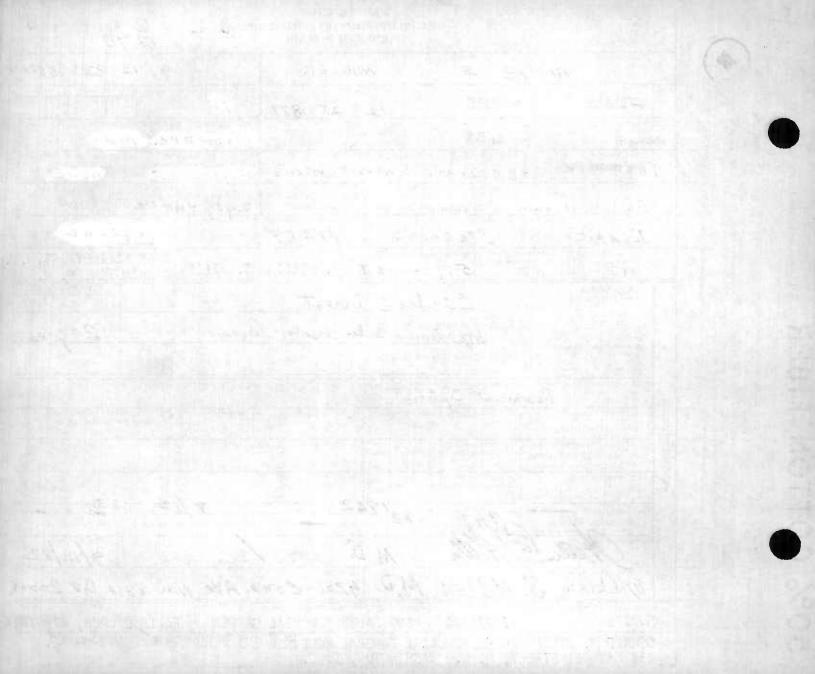
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

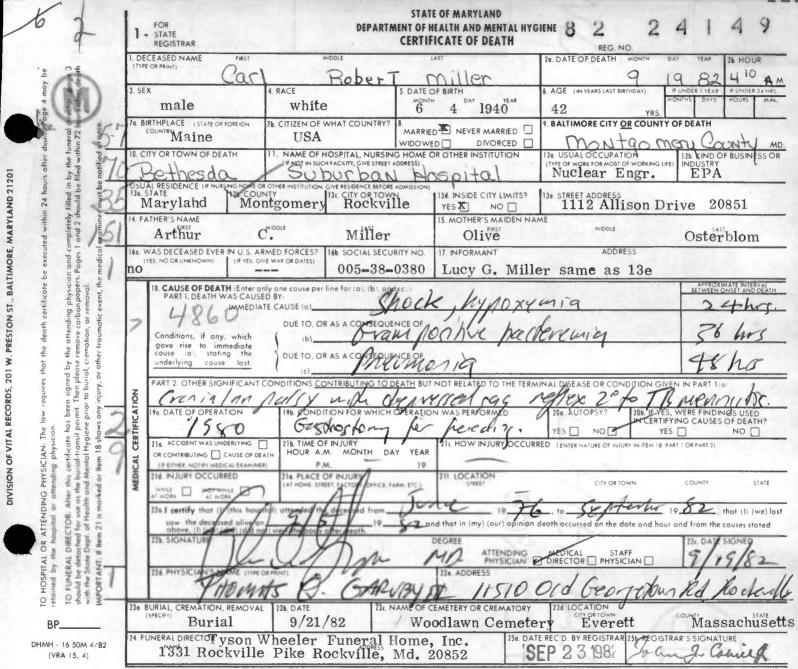
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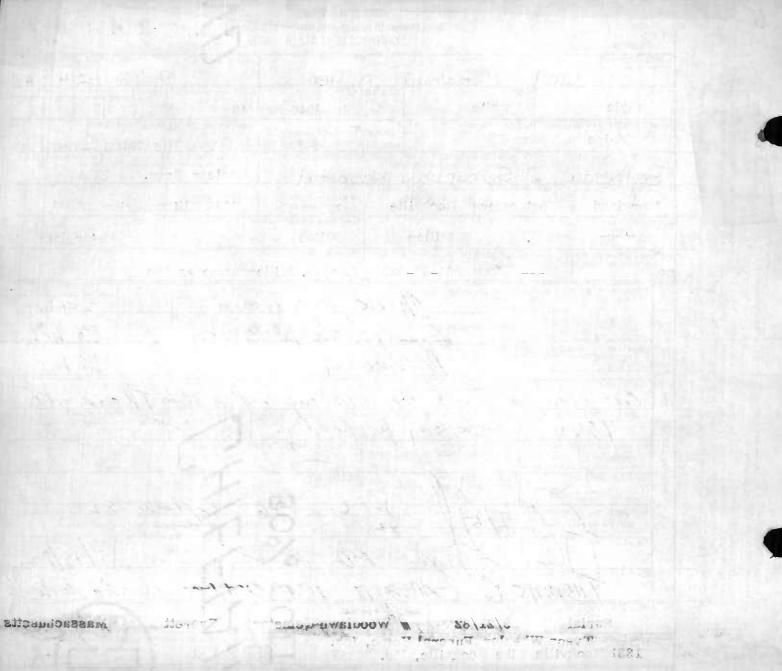
- STATE

(VRA 15, 4)

0	- S	OR TATE EGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 2	270 48
	1. DECE	ASED NAME FIRST PRINT)  AND	WIE S	MILLER	20 DATE OF DEATH MONTH	12 82 25 HOUR 12 82 1050 AM
rector. po urs ofter e	de	FEMALE	W HITE	5. DATE OF BIRTH  MONTH DAY  19 45 1887	6. AGE (IN YEARS LAST BIRTHDAY) 94 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
uneral di bin 72 ha	PEN	IKA	7b. CITIZEN OF WHAT COUN	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	9 BALTIMORE CITY OR COUN MONTGOMERY	TY OF DEATH MD.
filed with	11	OR TOWN OF DEATH	SLICOCARDE	IRSING HOME OR OTHER INSTITUTION IRRET ADDRESS! WESITE HOME	TYPE OF HOUSEWIFE	12b. KIND OF BUSINESS OR INDUSTRY HOME
hould be	130. STA	) · C   . n	13c. CITY OR	CTON DC YES IN NO []	13e STREET ADDRESS 2939 VAN M	ESS ST NW
ompletely 1 and 2 sh		ER'S NAME FIRST SAAC	MIDDLE STERKS	/ / / / / /	WIDDLE	ETLIN
s. Poges				8-2468 IN DR. WILLIAM	M S. MILLER, WASH	BELLICOTT ST.N.W
is signed by the attending. Then please remove carb ta buriol, cremation, or railury, or ather traumatic.	PA	onditions, if ony, which ove rise to immediate suse (a), stating the nderlying cause last.  RT 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONS  (b) HYPPULE  DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING  COULTON'T CENTRE			20 yrs
hos been it permit inene prior	CERTIFICATION 190	DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
certificate vrial-transi Aental Hygi Item 18 sh	CAL	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ER) P.M.	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 1	8 PART I OR PART 2)
os the bu Ith and M Iarked ar	AT	HILE NOT WHILE NORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	10/2	CITY OR TOWN	COUNTY STATE
ed for use pt. of Heo em 21 is n	L		orial) attended the deceased from		death occurred an the date and h	. 19, that (I) ( last our and from the causes stated
FUNERAL DIR		A PHYSICIAN'S NAME (TYPE	C, Wills	AA D ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	9/12/82
0 6 2 8	1	WiLLiAm ,	S. MILLER	MD, 4201-Con		WASH, D.C. 20008
	BU	al, cremation, remova IRIAL	9/13/1982	RING DAVID MEMORIAL		CHURCH, VIRGINI
16 50M 1/B1 RA 15, 4)	24 FUDE 23	MALDIM. STEI	N HEBRÊW MEMOR. REET. N. W W	IAL FUNERAL HOME SEPTASHINGTON. D. C.	ERESD. 1982 STRANS DEG	ISTRARS S CHATUREL







N							STATE	OF MARYLAND		(A)			500
18		FOR STATE REGISTRAR			DE			EALTH AND MENT. ICATE OF DEAT		REG. NO.	2 4	1	5 0
		CEASED NAME	FIRST		MIDDLE		Ü	AST	1	20. DATE OF DEATH MON	ITH DAY	YEAR	26 HOUR
ped		GE	ORG	E	W.	MIC	LE	R,Sr.	160	9-20-	82		7-20A
	3 SE	X		4. RACE		5	DATE O	F BIRTH		AGE (IN YEARS LAST BIRTHDA	Y) IF UND	DER I YEAR	IF UNDER 24 MRS
		Male		Whit			Co	23 11	AR	71	YRS		HOURS MIN.
106		RTHPLACE (STATE OR F	OREIGN ]	b CITIZEN OF	WHAT COU	NTRY?	ARRIE	NEVER MARRIE	ED 🗆 9	BALTIMORE CITY OR CO	DUNTY OF D	EATH	
80		aryland	-	USA		W	IDOWE	D DIVORCE	ED 🗆	Montgome	ry		MD
1/8	,	TY OR TOWN OF DEA	TH 1	(IF NOT IN SU	CH FACILITY, GIV	E STREET ADDRE	ESS)	R OTHER INSTITUTIO		20 USUAL OCCUPATION	RKING LIFE) IN	DUSTRY	F BUSINESS OR
8 - 2	้นรบ	AL RESIDENCE (IF NURS	ING HOME OR C	HO J	Y Cro	DSS I	ISSIONI	oital		Brick Cont	racto	r	
134	130.	AL RESIDENCE (IF NURS	136. COUN	TY			1	13d. INSIDE CITY LIA		3e. STREET ADDRESS			
100		Md.	Mon	t.	I S.S	5.		YES X NO [		116 Pipin	ig Roc	k Di	rive
16	14 F/	THER'S NAME	M	NDOLE	LA	ST		15 MOTHER'S MAID	DEN NAME	MIDDLE		LAST	
18/10		William		D	Mil			Margar	et	Ellen	Sills of I	Hal	ler
β /		VAS DECEASED EVER		WAR OR DATES		L SECURITY		17 INFORMANT		ADDRESS			
£ /		None			214	03 86	592	Marcia	E. M	Miller (Wife	:)Same	as	above
otion, or remove		18 CAUSE OF DEATH W  4/DC  Conditions, if ony, gove rise to imm	which	CAUSE (o)	Cuth	SECHENICE	, /OF	e Situe		ignetion		ALITY .	hour lays
r, or other		couse (o), stoting underlying couse	g the last	DUE TO, C	Coro	SEQUENCE	4	17 101110 1		SEASTE	ON GIVEN IN	?	
ony injury	CERTIFICATION	19a DATE OF OPERAT						N WAS PERFORMED	TE TEXAMO	200 AUTOPSY?   201	LIFYES, WER	RE FINDIN	IGS USED
shov	RTI	71n ACCIDENT WAS UND	ENIVE C	21b. TIME C	SE INCHES			131. 110.14 11.110.14	0.000	YES NO	YES 🗌		NO 🗌
81 ma		OR CONTRIBUTING C	AUSE OF DEAT	HOUR A	.M. MONT	H DAY	YE AR	ZIC HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY IN	TEM IB PART I OF	RPART 2)	
- F	MEDICAL	21d INJURY OCCURR		21e. PLACE	OF INJURY	_		21f. LOCATION					
ked	WE	WHILE NOT WH	ILE _	(AT HOME ST	REET, FACTORY	OFFICE, FARM, I	ETC )	STREET		CITY OR TOWN	CC	OUNTY	STATE
S H Or		220 I certify that (I)		all ottended th	ne deceased	from	The	7 / 19	80	St4 7 2	0 19 2	1	that (I) <del>(we)</del> last
21		sow the decease obove, (I) (we) to	d olive on_	view the body		19 0 1	, on	d that in (my) ( <del>our)</del> c	opinion de	oth occurred on the dote a	ind hour and	from the c	couses stoted
е Серт. : И Нел		SOOO CC	27	-	)			DEGREE ATTENE	DING _	MEDICAL STAFF	1	G-H	SIGNED
Stor N		ZZEPHYSICIAN'S NA	ME THE OR	news:			_	22e ADDRESS	IAN ST	DIRECTOR   PHYSICIAN		1 0 1	0 0
IMPORTANT		JORL A		SKW	, me	>	-13		rsn	1/LLRD, PCO	uo à	108	51
3 ≧		URIAL, CREMATION,		23b. DATE 9/24		23c. NAM		METERY OR CREMA		23d. LOCATION CITY OR TOWN	COUN	NIY	STATE
-				100				f Heaven		S.S.	Mor	nt.	Md.
1/81	<sup>24</sup> H	ines/Rina	aldi	11800	N. Han	Ave.	s.s	.Md.	SE SE	P231982	O COLORS	go u	esucific

General Edward R. L. 1997 - 200 82 W Ex- 3 

F. Gasch's Sons F.H. P.A. Hyattsville. Md.

FOR

DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🤼

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Wash. D.C.

N.W.

STATE OF MARYLAND

FOR

(VRA 15, 4)

Takoma Fun'l Home

Vera Villiams Mitchell September 16,1982 Forale caucasten & 2938 - 77 Levels U.S. C. and and any man Cilyer Spring 2525 Briggs-Chaney Food Ar WASK (AEG) Sand THE MANT SULFATING 2535 PRINCE CHARGE CO SECOND PROPERTY PROPE 21742 236 MARCH CROWN - 3525 64515 The second secon Schnapp Hilel New Hampshire Ave, Bil. Spr. Md Birrial pop to 190 Rook Court Courties Switched III M. Takoma Fun'l home N.W. Wash. D.C.

	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	2 4	i	5 3
m 5		CEASED NAME FIRST		WIDDLE	i.	AST	20. DATE OF DEATH MO		YEAR 26	HOUR P
y be ge 3 death		DANNE	A	JONNEE	MOOF	Œ	September 2	22, 1982	2 9	:30 ,
4 g - 7	3. SE	Female	4. RACE Negro		June	F BIRTH 25, 1981 YEAR	6. AGE (IN YEARS LAST BIRTHE	YRS.		OURS MIN.
eoth. Poge	7a. B	RETHPLACE (STATE OR FOREIGN) BERMUDA		WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Montgomery	COUNTY OF D	EATH	MD
by the to		Sethesda, Md	The Cl	HOSPITAL, NURSING CHEACHLITY, GIVE STREET LINES CO.	ADDRESS)	ROTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		NOA	
24 hour		AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	R OTHER INSTITUTION	13c. CITY OR TOW Hamilton	ADMISSION) N Par		13. STREET ADDRESS Lightbourne	s Esta		
ompletely 1 and 2 sh	14, F.	ATHER'S NAME FIRST DENNIS	MIDDLE	MOORE		15. MOTHER'S MAIDEN NAME FIRST	ME MIDDLE	f	PIQUE	3
on ond co.		YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? WE WAR OR DATES) JONE	166. SOCIAL SECU		Dennis Moore	e (father) sa			
th certificate nding physici corbon poper , or removal.		18 CAUSE OF DEATH lEnter of PART 1. DEATH WAS CAUSE 2060 IMMEDIA	ED BY: TE CAUSE (a)	r line for (o), (b), on Respirator OR AS A CONSEQUE Pseudomona	ry Arr			500	5 minu	
quires that the death or signed by the attending then please remove corbins buriel, cremation, or to buriel, or other troumotic	z	Conditions, if ony, which gave rise to immediate couse (o), storting the underlying couse lost.  PART 2. OTHER SIGNIFICANT	DUE TO, C	or as a conseque Acute Mond	ence of oblast	ic Leukemia,		2	4 days 20 days	
no. on. hos been permit. I	CERTIFICATION	190 DATE OF OPERATION	196. COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	ROB. IF YES, WER IN CERTIFYING YES	CAUSES OF	S USED F DEATH?
PHYSICIAN: The ending physicial this certificate to buriol-tronsit and Mental Hyais dor Hem 18 the		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY I	N ITEM 18 PART I O	PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR TOWN	1 C	OUNTY	STATE
TTEN pitol TOR. for us of He		obove, (Nwe) (did) (did hi	Septemb	per 22 19	82, on	d that in 🅦 (our) opinion (	, to September death occurred on the date	ond hour and	from the cau	
by the hos by the hos ERAL DIREC e detoched State Dept.	/	228. SIGNAURE	Bo	alis	M.		MEDICAL STAFF DIRECTOR PHYSICIA		-	3,1982
TO HOSPITAL retoined by the TO FUNERAL should be determined with the State IMPORTANT: I		FRANK	BA	LIS, m		9000 Rockvil	ional In stit Lle Pike, Bet			
BP		BURIAL, CREMATION, REMOVAL (SPECIFY)		4.1982	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN HAMILTON	Ber		STATE
DHMH - 16 50M 4/82 (VRA 15, 4)		UNERAL DIRECTOR NAME HAMBERS FUNER	AL HOM	E SILVER	SPRIN	G. MD.	E REC'TO. BY GOOD TRANKS	REGISTRAR'S	SIGNATUR	uf.

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Market Barrier St. O.				
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4-0 -1 0 6 AMERICAT MA PEPPER SA ENALS WEST THE BOARD SALE TO A STREET AND THE STREET STREET AND ASSESSED. FOR STATE REGISTRAR

5	T	A	TE	01	M	AR	YL	AND		
TIA	^	r	112		T11		III.	BRESIT	 HVO	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3
CERTIFICATE OF DEATH

- 1		CEASED NAME	FIRST		MIDDLE	l.	AST		20. DATE OF DEATH	AONTH DA	Y YEAR	2b HOU	R
	(TYPE	YPE OR PRINT) FRANK		FRANK J. MORRIS				477	SEPTEMB	FR 25	1982 100 pm		
	3 SEX	X		4 RACE		5. DATE C	F BIRTH		6. AGE IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER	
	MALE				ASIAN	MARCH 9, 1906			76	NIHS! DAYS	HOURS	MIN.	
1	7a Bil	RTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY	MARRIEI	XX NEVER MARI	RIED 🗆	9 BALTIMORE CITY OF	COUNTYO	FDEATH	1,000	
		LLINOIS		u.s	.A.	WIDOWE	D DIVOR	CED 🗌	MONTGOME	RY			MD.
	10. CI	ITY OR TOWN OF DI	EATH		HOSPITAL, NURSI		R OTHER INSTITUT	ION	12a USUAL OCCUPATIO		12b. KIND OI	F BUSINE	SSOR
1		ENSINGTON		9718	CULVER	STREET		0.1		. ARMY		VT.	
5	13a S	AL RESIDENCE (IF NO STATE MARYLAND	136 COUN		136. CITY OR TOV	NN	134 INSIDE CITY L		13e STREET ADDRESS 9718 CULV	ED CTD	EET	208	0.5
-		THER'S NAME	IMOIVI	OUMLKI	IKLINSTINO	1014	15. MOTHER'S MA			LK SIK	LLI,	200	7.7
0		WILLIAM		• AIDDLE	MORRIS		ELL	A	MIDDLE	S	AMUE LS		
		VAS DECEASED EVE		AED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	DA	UGHTER ADDRES	\$ 8808	BARNET	T ST	REET
ŀ	,	YES	1943-	1966	358-0	1-2545	MARGARE	TD.	M. SHACHTER	MANA	SSAS, V	A 22	110
		18 CAUSE OF DEA	TH (Enter onl	y one couse per							APPROXIA BETWEEN C	MATE INTER	VAL DEATH
		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  CERCIAL OLIVA  OLIVA  OLIVA  IMMEDIATE CAUSE (0)											
		DUE TO, OR AS A CONSEQUENCE OF									0.0		
		Conditions, it ony, which (b) glistlastown									14	lan	<u></u>
		couse (a), stoting the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF									0		
-		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN											
١	NO N	TAKI Z OTTEK SIC	SITILIZATIO	014D1110143 <u>CC</u>	SIN I RIBOTING TO	DLAIN BUI	NOI KELATED TO	IME IEKMII	NAL DISEASE OR COND	IIION GIVEN	IN PART TO		
5	CERTIFICATION	19a DATE OF OPER	ATION	196 COND	ITION FOR WHICH	H OPERATION	N WAS PERFORME	D	20a AUTOPSY?		WERE FINDIN		
	E E								YES NO	YES	NG CAUSES	NO [	
		OR CONTRIBUTING		21b. TIME O		AY YEAR	21c HOW INJURY	OCCURRE	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART	I OR PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEI	DICAL EXAMINER)	P.		19							
1	MED	21d INJURY OCCU	VHILE	21e PLACE	OF INJURY REET, FACTORY, OFFICE	FARM ETC )	211 LOCATION STREET		CITY OR TOW	'N	COUNTY	51	TATE
-		22a.l certify that		nl) attended th	e decented from			47	4-	10	82.	1	- \ l \
		sow the deced obove (1) (we)	sed plive on	Sent	orber 19	82 on	d that in (my) (our	) opinion d	eath occurred on the da	e and hour o	nd from the	ouses sto	re) lost
1		22b. SIGNATURE	(aid) (did not	view the body			DEGREE			-	22c. DATE S		
		Bar	buca	Blan	lock , 1	O.	ATTEN	NDING	MEDICAL STAFF	AN 🔯	9-2.	5-8	2
٦		22d. PHYSICIAN'S	VAME TYPE OF	-			22e ADDRESS						
		Barba	va	Blaylo	ck, M. D.		6111 8x	eau	tive Blue	P, Roc	kuille	Mo	1.
		SURIAL, CREMATION		23b. DATE			EMETERY OR CREM	ATORY	23d. LOCATION CITY OR TOWN	2-110	OUNTY	51	ALE
	24 FI	JNERAL DIRECTOR	TAL	9/28/		AIL OF	HEAVEN	25e DATE	SILVER SP		MONT	IDE	MD.
	. 7 1 0	NAME		_	COLLINS	NO NO	20001	OCT	1 - 1082	Sola .	2.	Me	1
-		JUU UNIV	. DLVV.	, W. , SIL	VER SPRI	NO, MU.	20901		- NUL	1	-0-0		7

DHMH - 16 50M 1/81 (VRA 15, 4)

	I DE	CEASED NAME FIRST	MID	DIE		AST	NEG. I		
		OR PRINT)		1) 1	doc	tole C	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
	1.5E	Charl	14 RACE	0 . /	5. DATE C	E RIDTH	6 AGE (IN YEARS LAST BE	STANDAY) I TUNIO	DER I YEAR IN UNDER 24 HRS
-	1	MALE	1	HITE		14,1906 YEAR		MONTHS	DAYS HOURS MIN.
360	Vo. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WI		BIVIAY	14,1700	9 BALTIMORE CITY	YRS.	FATH
W.	WA	SHINGTON, D.C.	U.S.A			NEVER MARRIED			
200		TY OR TOWN OF DEATH			WIDOWE HOME C	DIX DIVORCED D	12a. USUAL OCCUPAT	GOMERY ION 12h	KIND OF BUSINESS OF
11/	6	ATTUEDODUDO	1. 1.3 March 1977	ACILITY, GIVE STREET AD			(TYPE OF WORK FOR MOST	OF WORKING LIFE) IN	DUSTRY
27	USU.		ROTHER INSTITUTION GI	TSTDE DR	DMISSION)			E SERVICE	MAN
20	1000011	RYLAND MONTO		AITHERSBU		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	TOTAL 401	
11		THER'S NAME			IKU	15 MOTHER'S MAIDEN NA		ISIDE DRI	VE
33		DAVID	D MC	ORTON		ROSE	WIDDLE		CUEDZEE
-		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 16	SOCIAL SECUR	ITY NO.	17 INFORMANT SON	ADDR	SPAR WEST	SHERZEE NOLCREST R
/		(IF YES, GI	VE WAR OR DATES)	578-05-2	2101		MORTON, JR		SPRING.MD.
		18 CAUSE OF DEATH (Enter of	nly one cause per lin			CIIARLLS W.	MORTON, DR		APPROXIMATE INTO 1910
	10	PART I. DEATH WAS CAUSE	TE CAUSE (a)	distante	etto	Restat	To Caro	morro	2 MART
		1850	DUE TO, OR A	S A CONSEQUEN	ICB OF				
		Canditians, if any, which	(b)	A essa	0	moudelle	We 1 2		
		gave rise to immediate cause (a), stating the	DUE TO, OR A	S A CONSEQUEN	ICE OF	, 00	(10		
		underlying cause last	(c)	allel	MU	tare us	coallt1		
8 -	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN	PART lia
Α.	TIO							1	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WER	E FINDINGS USED CAUSES OF DEATH?
-	ERTI	210. ACCIDENT WAS UNDERLYING	7 216 TIME OF II	N II IDV		21. HOW IN HIPV OCCUP	YES NO	YES 🗌	NO 🗌
1	10.7	OR CONTRIBUTING CAUSE OF DE	110110 4 41		YEAR	214 HOW INJURY OCCUR	KED LENTER NATURE OF INJU	JRY IN ITEM 18, PART I OI	RPART 2)
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M. 21e. PLACE OF	INTURY	19	211 LOCATION			
	WE	WHILE IN NOT WHILE IT		, FACTORY, OFFICE, FAR	M, ETC ]	STREET	CITY OR TO	OWN CC	OUNTY STATE
		270 I certify that (I) (this hasp	ital) attended the c	leceased from	7	16 10 4.	7	8 10 5	72
		saw the deceased alive or abave, (I) (we) Idia (did no	4	- ES	7 an	d that in (my) (aur) apınıan	death accurred an the c	ate and hour and	fram the causes stated
		22b. SIGNATURE	all yiew the body att	er death		DEGREE			2c. DATE SIGNED
		DE 1 6	711 111	~ 11	T	ATTENDING PHYSICIAN	MEDICAL STA	FF	aKK
1		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	7/10/		22e ADDRESS	DIRECTOR   PHYSI	CIANLI	11010
/		150	Tau)	20 1		10301	Colesque	a An	10
-		URIAL, CREMATION, REMOVAL	236 DATE	23c NA	ME OF C	EMETERY OR CREMATORY	23d LOCATION		~
		BURTAL.	9/9/8			INCOLN	BRENTWOO!	D PRI	GEO MD.
ВІ	24. FL		ICIS J. CO			25a DAT		256. REVISTRAR'S	
	5	OO UNIV. BLVD. U		1001033	ND. 2	0901 5	EP101982	Joan	of lanely
- 1									

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

AD BOTH WEST AND SELECTION OF THE PARTY OF The state of the s Eraditario Indesensi ALLE THE STATE OF - STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

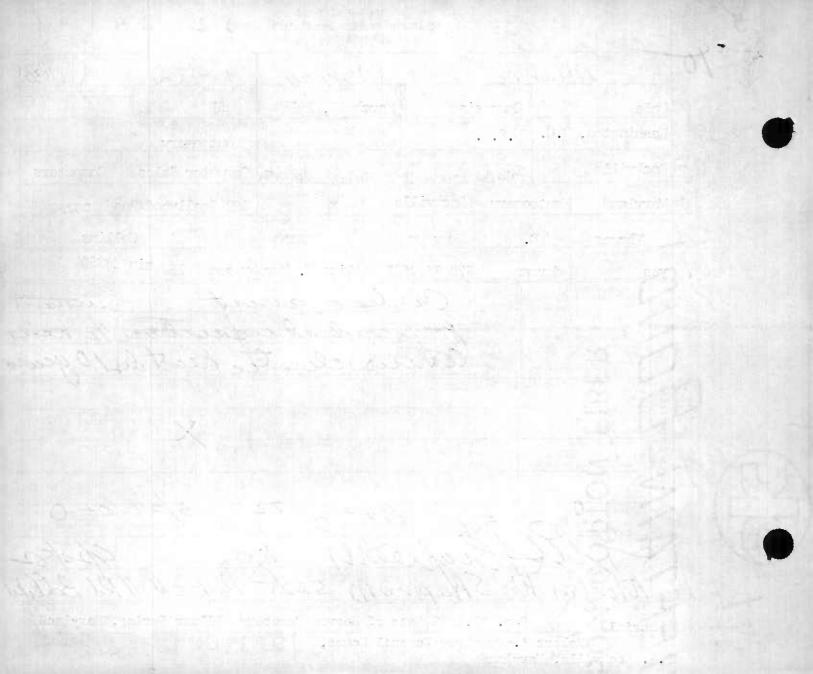
A. Rockville, Marvland

REGISTRAR

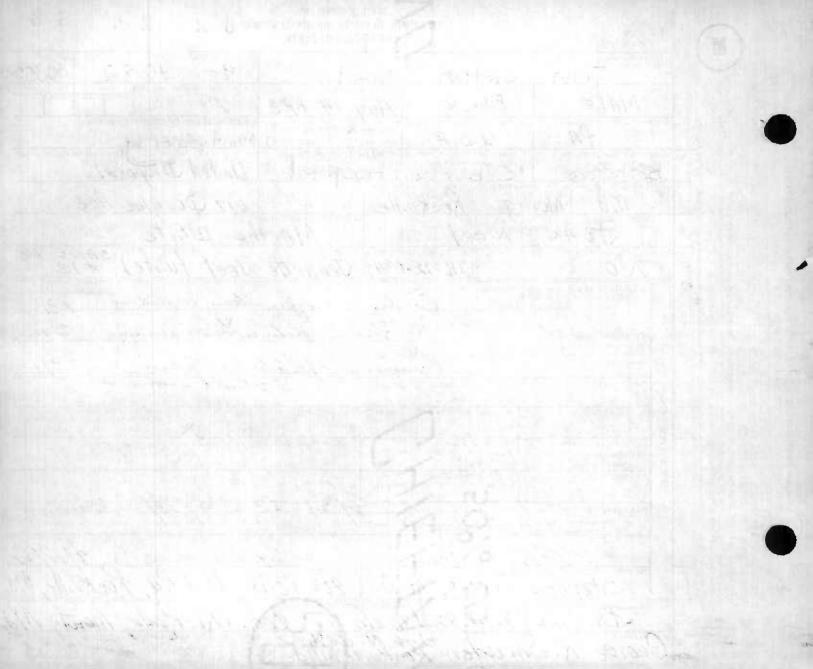
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO



18 (M)	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 2	4   5 8
podeo deo		CEASED NAME FIRST	Carlton	Nec. Is DATE OF BIRTH	20. DATE OF DEATH MONTH  29 - 10  6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 2b. HOUR 835M
ige 4 m rector, urs afte		MALE	Black	Aug. 14 1903	79 YRS	MONTHS DATS HOURS MIN.
leoth. Polentrol di in 72 hou	Jer B	RTHPLACE (STATE OF FOREIGN 7	6. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montanner	TY OF DEATH MD.
irs offer deo by the fune filled within	+7	sethesda	Y Suburba	n Hospital	United DIS	126, KIND OF BUSINESS OR INDUSTRY
LAND 21;	13a. :	AL RESIDENCE (IE NURSING HOME OR COUNT ATE Md. 136 COUNT		118   13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 617 DOUGLE	as Ave.
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Trificate the physicion on poppers semandil.		PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), on BY: CAUSE (o)	die - reski	your and	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
deoth cer trending ve carbo		Conditions, if any, which	DUE TO, OR AS A CONSEQUI	NCE OF lely	Lutin & an	emi 3 may
hot the c by the o ase remo I, cremat		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECUE	NCE OF CHINANA of blan	du Tilem	1-42.
RDS, 201	N O	PART 2 OTHER SIGNIFICANT CO	onditions <u>contributing to i</u>	DEATH BUT NOT RELATED TO THE	books on the	PEN IN PART In
he low re on. hos been t permit. I ene prior	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES NO	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
ON OF VITAL  HYSICIAN: The ding physicion is certificate h buviol-tronsit i hemald Hygeis or frem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH DA	YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM	8 PART I OR PART 2)
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TENDIN itel or o rOR: Aft or use as of Health	4	22a. I certify that (1) (this haspite saw the deceased alive an _	9/9/19	2/ 19 3	n death occurred in the date and h	that (I) (we) lost our and from the causes stated
ral OR All yy the hosp Ral DIREC. Ral DIREC detoched foote Dept. out Direct.		obove, (I) (we) (did) (did not) 22b SIGNATURE	View the body offey death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
HOSPIII ined b FUNER old be on the Si		574 PHYSICALNS HAME, The ON	Jowes, M	D. 122. ADDRESS Vei	is Mill Rd.	Rockville, Md
8P		BURIAL GRENATION, REMOVAL (SPECIFY) DURIAL	23b. DATE 2341 9-14-82 L	NAME OF CEMETERY OR CREMATORY	23d. LOCATION KULL	e countleinta start
DHMH - 16 50M 4/B2 (VRA 15, 4)	24/6	eorge R.S.	nouden Ri	Chulle, Md.	ATE REC'D. BY REGISTRAN 256. REG	STRAR'S SIGNATURE



				STATE OF MARYLAND		
	1 -	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2	24160
_		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
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IN J	3. SE)		4. RACE 5.	. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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it is		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING I	HOME OF OTHER INSTITUTION	112- USUAL OSCUPATION	126. KIND OF BUSINESS OF
by the	5/	LUER SPRING	SVLVAN MAN		TYPE OF WORK FOR MOST OF WORK	
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and 2		FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
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		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE	CE OF		
by the			DUE TO, OR AS A CONSEQUENC	CE OF		
		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENC		MINAL DISEASE OR CONDITION	IGIVEN IN PART 11a
d by the lease rer iol, crem or other	NOI	couse (a), stating the underlying couse last.	(c)		MINAL DISEASE OR CONDITION	GIVEN IN PART 11a
gned by the in please rer buriol, crem ry, or other	CATION	couse (a), stating the underlying couse last.	(c)	ATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. II	F YES, WERE FINDINGS USED
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11800 N.H. Ave.,

ADDRESS

S.S. Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

7h HOUR

: 45

STATE

DIVISION OF VITAL RECORDS, 201

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

Hines/Rinaldi Funeral Home

DHMH - 16 50M 1/81

(VRA 15, 4)

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12 (1)	FOR FOR STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HYD RTIFICATE OF DEATH	GIENE 8 2 2	4 1 6 2
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u 5 0 -	160 WAS DECEASED EVER IN U.S. ARME		NO. 17 INFORMANT	4 Woods	same as
BALTIMORE, cate be executed to be executed to be secuted to be sec	18 CAUSE OF DEATH (Enter only	one cause per luc for (a), (b), and	Malinda 1	Nokes (wife)	# 13  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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equires that equires that Then please to buriel, cr	PART 2 OTHER SIGNIFICANT COI	NOTIONS CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TERM	inal disease or condition	GIVEN IN PART 1(0)
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MPORTANT: If Item 21 is above (1) (we) (did) (did not) view the body ofter death DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23a BURIAL, 23b. DATE BP.

and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

DHMH - 16 50M 1/81 (VRA 15, 4)

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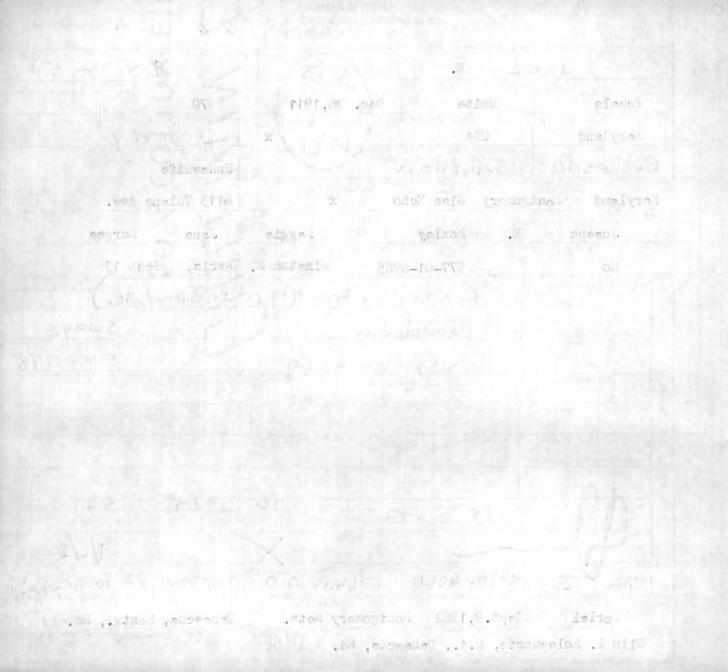
Rockville, Maryland

- STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙊

DY T : 1 SAN SWEAT BEING to an organization was plant La la company



N 8 8 4			CEASED NAME	FRANCI	S	ROYAL		VALLY	SEPTEMBER 27, 1	DAY YEAR	26. HOUR 5:10
noy be	108	3. SE			I. RACE	IOIAL	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	
ctor,			Male			White	MONTH	DAY YEAR		MONTHS DAYS	HOURS
Pog three	00	7a. B	RTHPLACE (STATE	OR FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY	Y? 8.		9 BALTIMORE CITY OR COUNTY	OF DEATH	
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nd co	dico		VAS DECEASED EV		MED FORCES?	579-18-		17. INFORMANT	ADDRESS Rt		
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of or offer of the ruse of the Heolthon			225-SIGNATURE	) (did) (dXXot)	view the bod	y ofter deoth.	, 01	DEGREE		ond from the	couses stote
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OR ATTENDING he hospital or offer DIRECTOR: After oched for use as the boest of Health or	If Item 21		40	1/1/1			- /	PHYSICIAN [	DIRECTOR PHYSICIAN	11/6	CUL
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STATE OF MARYLAND

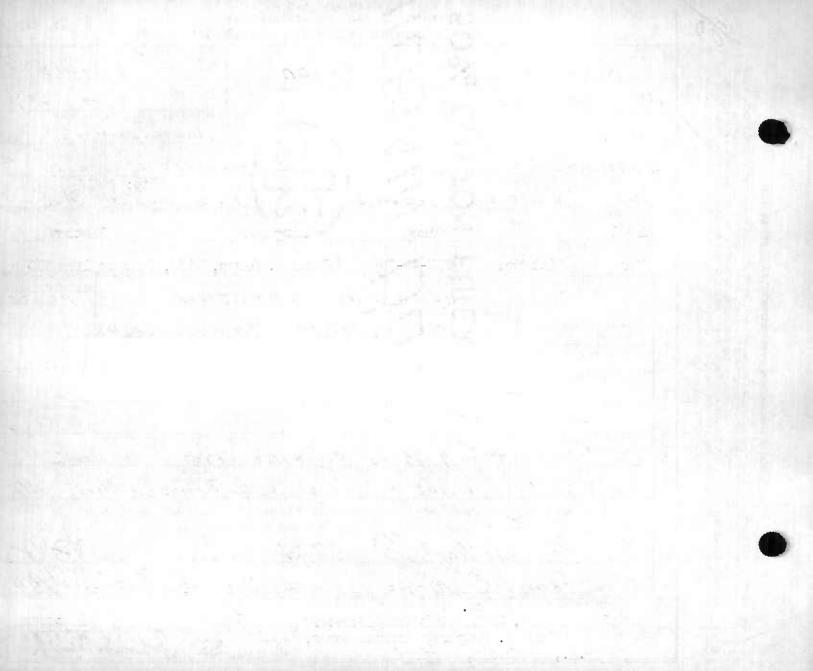
1	- STATE REGISTRAR			DEPART		FICATE OF DEATH	REG. N	40.		0 /	
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(144	CORPRINT	MARY	CLEOPHA	AS O'DONN	ELL		SEPTEMBER	13 1982		8:20	ам
3. SE	X	1	4 RACE		5. DATE O		6 AGE (IN YEARS LAST B		NDER 1 YEAR	IF UNDER 24	
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Ia. B	IRTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY		DEATH		
	EORGIA		UNITED	STATES	WIDOW	D NEVER MARRIED	MONTGOM	ERY			MD.
10 C	BETHESDA		11. NAME OF (IF NOT IN SU NAVA)	HOSPITAL, NURSING CHEACILITY, GIVE STREET HOSPITA	NG HOME ( ADDRESS)	OR OTHER INSTITUTION	126 USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUSEWIFE	OF WORKING LIFE)	12h KIND C INDUSTRY	OF BUSINESS	_
13a. <b>1A</b> ]	RYLAND	13P CON		GIVE RESIDENCE BEFORE  130. CITY OR TOW  SILVER S	/N	13d INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS 8508 SPRI	NGVALE ?	ΓERRA	CE	
14. F	EDWARD		MIDDLE	LAST		PARK LAMBI	MIDDLE		LAS	šT	
	WAS DECEASED EV		MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR	ESS			
	NO			220-34-	0192	JON P. O'DON	NNELL, 10204	PRINCE	PLAC	E, APT	r T4
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TIE							YES NO X	IN CERTIFYING	_	OF DEATH?	?
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WED	21d INJURY OCCI	URRED		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC )	211 LOCATION STREET	CITY OF T	OWN	COUNTY	STAI	TE
	270.1 certify that sow the dece obove, (I) (we 170. ATURE 170. SICIAN'S  J. O N	NAME (TYPE O	SEPTEMI 1) view the body (PRINT)	T MC	82 or	DEGREE  ATTENDING PHYSICIAN  22e ADDRESS  NAVAL HOSPITA	DIRECTOR D PHYSI	dote and hour on	22c DATE		
		ation	23b. DATE Septemb	ger 15, Me	tropo.	emetery or crematory litan Cremato		dria, Vi			TE -
14. F			: A. Pur da, Mai	nphrey Fu	neral	Homes,	P 1 5 1982	250 REGISTRAR	SSIGNA	URE	

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR

should be detected for use of the burns with the Stote Dept. of Health and Men. IMPORTANT: If them 21 is morked or the

20	11-	FOR STATE				MENT OF H	IEALTH		NTAL HY	200	2	- 2	2 4	at the same of the	6	8
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YEASE CTOR. FILES. OURS TREET,	3. SE)		RACE	5. DATE OF BIRTH		6. AGE (IN YEA		L SO	IF UNDER 2		DEATH A	AATED [	MONTH.	24 .	19 82 YEAR	5 PM
ARY, F L DIRE YOUR N 72 H	1	,	CAUC	MONTH DAY	YEAR LIO	LAST BIRTHDA		DAYS	HOURS		ONOUNC		9	29	1982	222
VECESS VECESS ON WITHIN	/0. BI	RTHPLACE (STATE REIGN COUNTRY)  MINN	OK	76. CITIZEN OF WH	AT COUN	ITRY?	MARRIE WIDOWE	general	ER MARRIE		MER	V TGC	_		EATH	MD
E, MD. 21201 ATH. IF ANY DELAY IS NECESSARY, PLEASE S1, 2, AND 3 TO THE FUNERAL DIRECTOR. PM 3. RETAIN PAGE 5 FOR YOUR FILES. WITAL RECORDS, 201 W. PRESTON STREET,	4		SOR	SUBUR	13A	TREET ADDRESS)		R INSTITUT	ION	FOR MOS	LOCCUPA STOFWORKIN	NG LIFE)	PE OF WORK	OR	INDUSTR	SINESS
E RETAIN SHOULD	130 S	mD	T3b. COUNT	ry		OR TOWN	A	3d INSIDE CIT	NO 🗌	13e. STREE	ADDRESS	*	p: 2		Ave	
DEATH. IF		THER'S NAME Lloyd		MIDDLE	019	last SON		Ma	r's MAIDEN argare		MIDI			Flat	ast tum	
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH EXECUTE THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH PAGE 4 SHOULD BE FORWARDED TO THE CHEF MEDICAL EXAMINER ALONG WITH FORM PM TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED BOILD BE USED BOILD BE OFFER BORIAL TRANSIT PERMIT. PAGES 1 AND AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Conditions, gove rise couse (a) sta	if ony, which to immediate ting the under-	(b) DUE TO, OR	MYO AS A CON AS A CON	O ARD ISEQUENCE O ISEQUENCE O	e 257	RATIC		(ARD)		CULI	AR DI			AND DEATH
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TAL EXAMNER: 1 THE CERTIFICATE, WOULD BE FORW RAL DIRECTOR: A ATH, WITH THE SI RE, MARYLAND, 2		220 I certify the death resulted for ACTUAL SIGNATURE		of the remains dosc	ribed abo	ve, held on	Autopsy	Homicio	Inspection de ,	Undetern	Inquiry E	ner .	DATE SIGN	9/	30,	183
MEDIC KECUTE AGE 4 S FIFR DE ATTIMOI		EXAMINER'S NA (TYPE OR PRINT)	1/1/12	vers (1	M	AYLE		DDRESS &	200W		sal A	Vo I	Beth	100	14	为为
BP	(5	JRIAL, CREMATIO PECIFY) Burial		4. 1982		ame of cem ghland			RY	Whe1			CON	_	neso	
DHMH - 17 (VR A15 ME (5)) 15M 2/80	24 FU	INERAL DIRECTO NAME	Robei	rt A. Rump Bethesda,		Funera land	11 Hor	mes,	OCT		GISTRAR 182	Sol	ISTRAR'S			¢.



260	1.	FOR - STATE		DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HY	GIENE 8 2	24169
3 (M)	L	REGISTRAR CEASED NAME FIRST		CE	RTIFICATE OF DEATH	REG. NO	
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by the fu	15	luer Sering	HOLV	CROSS /	HOSPITAL	TYPE OF WORK FOR MOST OF SOLF-Emplo	WORKING LIFE! INDUSTRY
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ond		VAS DECEASED EVER IN U.S. A VES. NO OR UNKNOWN) (IF YES, O	RMED FORCES? IVE WAR OR DATES)	166 SOCIAL SECURITY I 578-05-168		Owens 3636 1	s 3th St. Wash.D.C.
ires that the death certificate be gaed by the attending physicion in please remove corbon papers. I burial, cremotion, or removal.		Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost.	DUE TO, C	OR AS A CONSEQUENCE	and sauler	MINAL DISEASE OR COND	APPROXIMATE INTERV. BETWEEN ONSELAND DI
in. in hos been signermit. The prior to laws ony injur	CERTIFICATION	198. DATE OF OPERATION	196. COND	DITION FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
HYSICIAN: The ding physicio is certificate buriol-transit Mental Hygie or frem 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A		EAR	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
G PHYS ortendir orthory the bu	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY  FREET, FACTORY, OFFICE, FARM, E	21f. LOCATION	CITY OR TOW	N COUNTY ST
ATTENDING or of ospital or of eCTOR: After of for use os of the other or or of the other or or other or or other or or other or		22a.1 certify that (1) (this has saw the deceased alive a above, (1) we) (did (did r			_, and that in (my) (our) opinio	n death accurred on the dat	, 19 02, that (I) (we and hour and from the causes state
OR he		226 SIGNATURE	o Kine	-	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICI	226. DATE SIGNED  9-18-82
TO - 1					220 ADDRESS		
TO HOSPITAL TO FUNERAL should be dete		NOCMAN S	- / Kova	L Ms	8780 GC	oregia ave	SILVER SPERING

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Silver Spring, Md.

Chambers Funeral Home

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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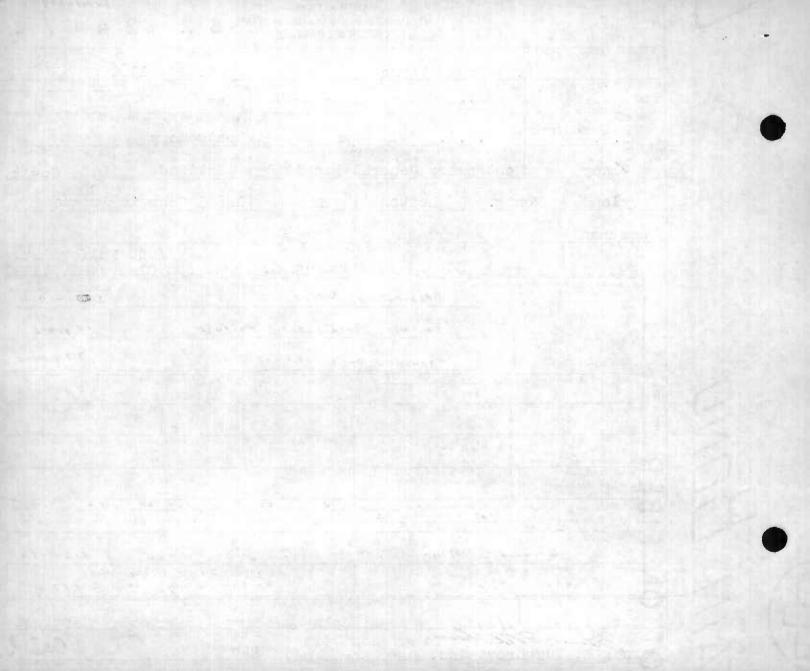
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	E OR PRINT		Romeo PA	DDA	LARDO	20. DATE OF DEATH		2 1982	26 HOUR
3. SE		I RACE		5 DATE C		6 AGE (IN YEARS LAST	- 1	IF UNDER I YEAR	IF UNDER 24 HI
	Female	Whi		July		60	YRS	MONTHS DATS	HOURS MI
	IRTHPLACE (STATE OR FOREIG COUNTRY) Washington,		WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Montgo			
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ar	yland Mo	COUNTY ON THE COUNTY	136. CITY OR TOWN Potomac		13d INSIDE CITY LIMITS? YES MO [	13e STREET ADDRES	s Lmmon	Tree Ro	ad
	Joseph	WIDDIE	Romeo		15. MOTHER'S MAIDEN NAME Carmeli	na MIDDLE	8	Mo	tta
	WAS DECEASED EVER IN U	J.S. ARMED FORCES?  YES, GIVE WAR OR DATES)	579-20-62		Anthony V. P		ress -husba	nd-(sam	e as 13
	18 CAUSE OF DEATH (E) PART I. DEATH WAS	nter only one cause per			mar blement			APPRO BETWEEN	ONSET AND DEAT
	Conditions, if any, wh gove rise to immedia cause (a), stating	ate	AS A CONSEQUENT	ICE OF					
HCATION	gove rise to immedia cause (a), stating underlying couse (c	ate the DUE TO, OI (c) (C)	R AS A CONSEQUEN DITRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CO	20b IF YE	S, WERE FIND	NGS USED
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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Warner E. Pumphrey, Inc. Sil. Spr., Md

STATE OF MARYLAND



CHAMBERS FUNERAL HOME SUVER SPRING MD

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(VRA 15.4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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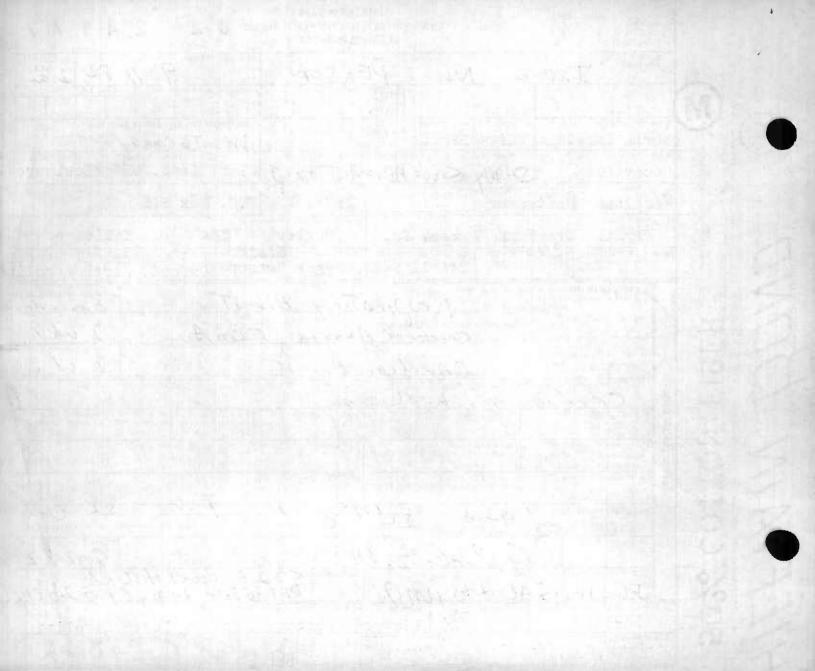
				STAT	E OF MARYLAND		
	1-	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	IENE 8 2 2	4174
		CEASED NAME FIRST OR PRINT) ID A	MIDDIE ,	D	eck	20 DATE OF DEATH MONTH	29 82 16 AM
	3. SE	× Female	White	S. DATE (	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	Mare		85 YRS.  9. BALTIMORE CITY OR COUNT	Y OF DEATH
17		shington, DC	U.S.A.	WIDOWE	D NEVER MARRIED .	MONTGOMERY	AAD
0,0		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME		120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
14		ckville	1 Lebrew Home	- 17 W	reater wash.	Saleslady	Clothing
25	130. 5	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	VIY 13c CITY OR TOW	/N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 1 1Zip	Code:
0		ryland Monto	gomery Silver S	pring	YES X NO	1401 Blair Rd.	Silver Spring,Mo
0		FIRST	MIDOLE LAST		15. MOTHER'S MAIDEN NAM	WIDDIE	Shapiro
		YAS DECEASED EVER IN U.S. AR	Cohen MED FORCES?   166 SOCIAL SECU	IRITY NO	Lena 17 INFORMANT	ADDRESS	Shapiro
		ES NO OR UNKNOWN) LIEVES GIV	VE WAR OR DATES) 577-07-0				_ane; Fairfax, Va
			nly one couse per line for (a), (b), on		marcia nembe	ing, J275 Darrey	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DE ATH WAS CAUSE	TE CAUSE (b)	149	c Shack		BETWEEN ONSET AND DEATH
		4210					
		Conditions, if ony, which	(b)		1 NEN MO	Mica	
		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	ENCE OF	POSSIble S.	ub a cute Back	enforcette.
	NO	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GIV	EN IN PART Tra
フ	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
4	RTIF	ACCIDENT WAS INDEDIVING	THE OF HUMBY		In How him to be a second	YES NO YE	S NO
9	_	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR	ZIC HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
- [	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	2	AT WORK NOT WHILE AT WORK	(A. NOME, STREET, FRETON, OFFICE, F	- (2-)		out and	0
		sow the deceased alive on		800	nd that in (my) (our) opinion d	leoth occurred on the date and hou	19 that (I) (we) lost
		obove, (I) (we) (did) (did no 22b. SIGNATURE	t) view the pody ofter death.		DEGREE		22c DATE SIGNED
		M	-O. KME	Mey	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	9/29/50
1		22d. PHYSICIAN'S NAME (TYPE O	ROV. D. KHIA	HVEY	6121 MON	trans Ad Roc	KUMIE, mel 2087.
	23a B	URIAL, CREMATION, REMOVAL	236. DATE 23c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
	В	urial	9/30/82 D.(	9 4 6 0 0 0	GE CEMETERY	WASHINGTON, D.	C.
			ISKY-GOLDBERG MEN		- UNAFELS   DOT	REC'D. BY REGISTRAR (S. REGIST	RAR'S SIGNATURE
	11	/U Kockville Pi	ke;Rockville, Mo	1. 208	352	1 1002	·

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FOR T - STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8  CERTIFICATE OF DEATH	2 2 4 1 7 6 REG. NO.
1. DECEASED NAME FIRST	Alfouso PEREZ 20 DATE OF	8-27-82 26 HOUR PM
3. SEX	Hispanic 8- 2- 54 28	IRS
70. BIRTHPLACE (STATE OR FOREIGH COUNTRY) CUBA	MARRIED NEVER MARRIED	RECITY OR COUNTY OF DEATH  COMETV MD.
TAkoma Park	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL C (TYPE OF WORK)	OCCUPATION 12b. KIND OF BUSINESS OR K FOR MOST OF WORKING LIFE) INDUSTRY
SUAL RESIDENCE (IF NURSING HO	DIME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION] COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET A	
9 I 60 WAS DECEASED EVER IN U.		ADDRESS (same as #13)
PART I. DEATH WAS C.  JAMM  Canditians, if any, white gave rise to immediate couse 101, stoting the underlying cause loss.  PART 2 OTHER SIGNIEC.	DUE TO, OR AS A CONSEQUENCE OF fullustray colours  DUE TO, OR AS A CONSEQUENCE OF fullustray colours  The part of	e Coun'up  E or CONDITION GIVEN IN PART 1 (0)
NO THE OF OPERATION AT A STATE OF OPERATION AT A STATE OF OPERATION AT A STATE OF OPERATION AS UNDERLYIN	Support received with council of a	OPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
21a, ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ( (IF EITHER NOTIFY MEDICAL EXA 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK 270.1 CEPTIFY, that (1) (1)	OF DEATH HOUR A.M. MONTH DAY YEAR  AMINER) P.M. 19  218. PLACE OF INJURY 211. LOCATION	
22a   certify that (1) (this saw the deceased ali	hespital) attended the deceased from 8+23 1982, to 3	county state  COUNTY state  19 , that (1) (whilest don't he date and hour and from the causes stated
226 SIGNATURE  TURLENZ  226 PHYSICIAN'S NAME (	DEGREE ATTENDING MEDICAL	STAFF PHYSICIAN   221. DATE SIGNED 8.27,82
230 BURIAL, CREMATION, REMO		ATION C. O' They Speed
crematoon	0_31_02 Motwordistan	ORTOWN COUNTY STATE
24 FUNERAL DIRECTOR	All	egistraris signature 1982 Land Connection

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1		1 -	STATE REGISTRAR			DEPARTA		EALTH AND MENTAL HYGICATE OF DEATH	REG. N	10.	1 1	10
moy be poge 3			CEASED NAME OF PRINT)	nrst /		C,	Pi	leger	20. DATE OF DEATH	MONTH DAY	SZ PZ	26. HOUR 1: 45 PA
4 0.0	10	3. SEX	Female		RACE Caucas	ian	5. DATE C		6. AGE (IN YEARS LAST BI	MONT	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
Poge direct hours			THPLACE   STATE OF FORE			WHAT COUNTRY?	8		95 9. BALTIMORE CITY S	YRS.	DEATH	
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s ofter de by the for illed with	), 1	10. CI	OCKVILLE	11	. NAME OF I	HOSPITAL, NURSIN	IG HOME C	t Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST)	TON 11 OF WORKING LIFE) IN	26. KIND OF NOUSTRY MUSE!	F BUSINESS OR
24 hours	ER 3	USU / 130. S	L RESIDENCE (IF NUR)	TO ROZULLI	omery	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	138 STREET ADDRESS	shire Dr		
Seletely show			THER'S NAME	MID		Cole		15. MOTHER'S MAIDEN NA FIRST Genevieve	ME		milto	
- 0			AS DECEASED EVER IN			166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR		1111001	
an and c		(1)	no or unknown)	IF YES, GIVE W	'AR OR DATES)	008-24-	-6656A	Janet H.Pfl	eger (same	as 13e)		
ing physicial rbanpapers, r removal.			18 CAUSE OF DEATH II	Enter only of	one couse per	line pr (0), (b), on	d (ci.)	Annect			APPROXIM BETWEEN O	MATE INTERVAL
ng ph banp remo	ME			MEDIATE (		cura	rac	HYPEIT			19	this
en signed by the ottendin Then please remove carb or to burol, cremation, or remainen, or control o			7713	1.1.1	DUE TO, O	R AS A CONSEQUE	NCEDE	red abon	minal Are	11ry Cu	12	2hrs
by the off use remay , crematic	5		Conditions, if ony, w gove rise to immed couse (a), stating underlying couse	iote the	(b) DUE TO, O	R AS A CONSEQUE	NCE OF		nino rite	20-73-1		
gned in plex buriol	CIS M	Z	PART 2. OTHER SIGNIF	CANT COI	NDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	IDITION GIVEN II	N PART 110	
e prior to	3	CERTIFICATION	190. DATE OF OPERATION		196 COND	1	Λ	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE	RE FINDIN	OF DEATH?
nsit per ygiene		ERT	21g. ACCIDENT WAS UNDERL		21b. TIME O	FINJURY	Me	216 HOW INJURY OCCUR	YES NO.	JRY IN ITEM IS PART I	OR PART 21	NO P
certifica priof-tro tental H	N.		OR CONTRIBUTING CAU	SE OF DEATH		M. MONTH DA	AY YEAR		(2)1101111111111111111111111111111111111			
S S S	5 ~	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	-	21e. PLACE			211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
OR: After the use as the Health and			22a.1 certify that (I) (4h sow the deceased		offended the	e deceosed from_	9-	d that in (py) (our) opinion	enth occurred on the	tota and hour and	d from the	hot M (we) los
thed for bept. of h	E		obove, (I) (we) (did)	(did not) v	new the body			DEGREE		1010 0110 11001 0110	22c DATE S	
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1 2433		23a E	URIAL, CREMATION, REA		23b. DATE			EMETERY OR CREMATORY	23d. LOCATION		PUNTY	STATE
	1,6	24 5	remation		Oct.1,		tropo	litan Cremato	ry Alexand	cia		rginia
5 50M 4/1	B2	3	00 W.Montgor	perv	Ave. R	ockville	Maryl	Homes P/A250. DAT	5 <b>198</b> 2	REGISTRAR	2. Ca	welf
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STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-OJ DEATH MATED 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED SL White DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (S MARRIED NEVER MARRIED Viet Nam Permanent Resident DIVORCED WIDOWED CITY OR TOWN OF DEATH 1126 KIND OF BUSINESS Self Employed Fabric Store 13e STATE COUNTY 13d. INSIDE CITY LIMITS? 130 STREET ADDRES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST FIRST Nha Cong Pham Nhu Thi Nguven 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) no N/A 585-32-2670 Nhu K.A. Pham-wife-(same as 13e) APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY JAMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 OEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? I This in the state of the stat YES [] 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE COUNTY AT WORK NOT WHILE AT WORK EXECUTE THE CERTIFICATE, NPAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR; PA AFTER DEATH, WITH THE STA BALLTIMORE, MARYLAND, 2 220 I certify that I took charge of the remains described above, held on Autopsy Inspection death resulted from Homicide Accident Undetermined monner TITLE (SPECIFY) John S Rogers TYPE OR PRINT DME 1905 Seminary Road 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY 9 - 13 - 82Buitland BP. Burial Cedar Hill Cemetery Georges Maryland 250. DATE REC'D. BY REGISTRAR 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE ADDRESS 11800 N.H. Avenue Hines/Rinaldi Funeral Home **DHMH-17** (VR A15 ME (5)) Silver Spring. Md

15M 2/80

STATE OF MARYLAND

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		FOR			DEPART		TE OF MA	RYLAND ND MENTA	AL HYGIEN	<b>(5</b> °)		0	A 1	0	-
	1.5	STATE REGISTRAR		ME	DICAL	EXAMIN	ER'S CE	RTIFICAT	E OF DEA	AH &	REG.	NO.	4	0	U
	1 DE	CEASED NAME	FIRST		MIDDLE		LA	ST .		20. DATE	KNOWN	MONT	H DAY	YEAR	2b. HOUR
PINE I	100		anhy		nmr	1		Pham		OF DEATH	ESTI- MATED		9 6	1982	9:42a
E4	3. SE	4.1	RACE O	5. DATE OF BIRTH	YEAR	6. AGE (IN YE			DER 24 HRS.	2t. DATE		MONT	H DAY		2d HOUR
		male	ORIENTAL			74 YF	MOISTILL	DAYS	S MIN.	PRONOUN DEAD		82		19	9:42m
11	7a B	RTHPLACE (STATE	OR	TWE 14.	HAT COUN	TRY?		NEVER M	ADDIED [	9. BALTIM			NTY OF		17.424
1		IETNAM		VIETI	MAN		WIDOWED		ORCED	Mont	anor	T Co	in tar		MD
11		TY OR TOWN OF	DEATH	11. NAME OF HOS	PITAL, NU		, OR OTHER	INSTITUTION		JAL OCCU	PATION (		K 12b. K	IND OF BU	
1		Takoma P	ark	(IF NOT IN SUCH FA			tist 1	Hospita		RNNEN		ICAA/			GOU'T.
51	USU/			ROTHER INSTITUTION, GI	VE RESIDENCE		ON)	d. INSIDE CITY LIMI		EET ADDRE		101/10	IVIC	i tal a al	Goc 1.
9		larvland		eomery		coma Pa		YES NO		Dome		#10	1		
1	_	ATHER'S NAME	11011					MOTHER'S M				1/10			
1	/	CAT		MIDDLE	P	LAST	101	FIRST	- 10	M	NOW.	11		LAST	
1	Ióa. V	VAS DECEASED E	VER IN U.S. ARM		16b. SOC	CIAL SECURITY	( NO. 17	INFORMANT			ADDRE	55	- 5		- 10 10
	(Y	ES, NO, OR UNKNOWN	NONE		218-	94-30	72 4	IM-LOA	N PHAM		CUEL				RT 20832
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7		gave rise	if any, which ta immediate ting the <u>under</u> - ost.	(b)		ISEQUENCE (									
		BARY A GYNER CICAU	ICANIT COMPLETIONS	(c)											
	z	TARE Z VINER SIGNIF	CARL LONDILIONS (	ONTRIBUTING TO DEATH	BUT NUT RELA	ITEO TO THE TERM	INAL DISEASE OF	CONDITION GIVEN	IN PART 1 (g)						
7	100	19a DATE OF OP	ERATION	19h CONDI	TION FOR	WHICH OPER	ATION WAS	PERFORMED?			_		120	AUTOPSY	2
1	FIC		1/6 ~												·
	CERTIFICATION	210 EXTERNAL C		21b. TIME OF			21c. HOV	/ INJURY OCCU	JRRED (ENTER)	NATURE OF IN.	JURY IN ITEM	18 PART 1 OR		YES .	NO X
)		UNDERLYING CONTRIBUTING	OR CAUSE OF D	HOUR A.M		DAY YEAR									
	MEDICAL	21d. INJURY OCC WHILE AT WORK	URRED	21e PLACE		(AT HOME	211 LOCA STRE			CITY OR TO	wn		COUNTY		STATE
			not I taak charge	e of the remains des	cribed aba		Autapsy	, Inspi	ectian Dt.	Inquiry ermined mo		and in my	apinion		
1		ACTUAL	//	20	///			TITLE (SPECIF	Υ)			D.43	. C	, .	
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1	1	EXAMINER'S NA	ME SA	Th.16-1 0	0			10	10 (-		. ^ _				
		(TYPE OR PRINT)		JOHN S.		ers		DRESS 19		LINAPL	RD	214	ek S	PRINC	MD.
	23a.B	URIAL, CREMATIO		B. DATE		NAME OF CEA			23d. LC	OR TOWN		C	YINUC	5'	ATE
	04.5	BURIAL		APT. 9, 198	Z CE	DAR HIL	i cen			RAND	P.G.			LYAN	<b>)</b>
	-	NAME		ADDRESS		- C ·	/ >	1 6	FP 9	1982	RE POT RE	GISTRAR	SIGNA	TURE	
	Ch	AMBERS	MUNERAL	HOME .	2146	R SPRIN	G. MD		C1 0		M	and C.		my	0

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Robert A. Pumphrey Funeral Homes. 250 DAIE R

Bethesda, Maryland

- STATE

REGISTRAR

1. DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

REG. NO

26 HOUR

HOURS

126. KIND OF BUSINESS OR U.S. Army

NO I

STATE

COUNTY

22c DATE SIGNED

IF UNDER I YEAR

zip: 20815

7:05 pm

20. DATE OF DEATH MONTH

John Land William B. E. J. The SEPTIME OF THE PARTY OF THE

- STATE

(VRA 15. 4)

REGISTRAR

I. DECEASED NAME

Zip Code 14003 London Lane (20853)KOVEL ADDRESS Maryland 20853 BERNICE CESARE: 14003 London Lane; Rockville 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2 COUNTY nd that in (my) (our) opinion death occurred on the date and hour and from the causes stated TIL DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 9-7-82 11125 Rockville Pike; Rockville, Md. Burial 9/8/82 JUDEAN MEMORIAL GARDENS; OLNEY; MONTGOMERY; MARYLAND 24 FUNERAL DIRECTO DANZANSKY-GOLDBERG MEMORIAL CHAPELS DHMH - 16 50M 1/81 1170 Rockville Pike; Rockville, Md. 20852

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (

CERTIFICATE OF DEATH

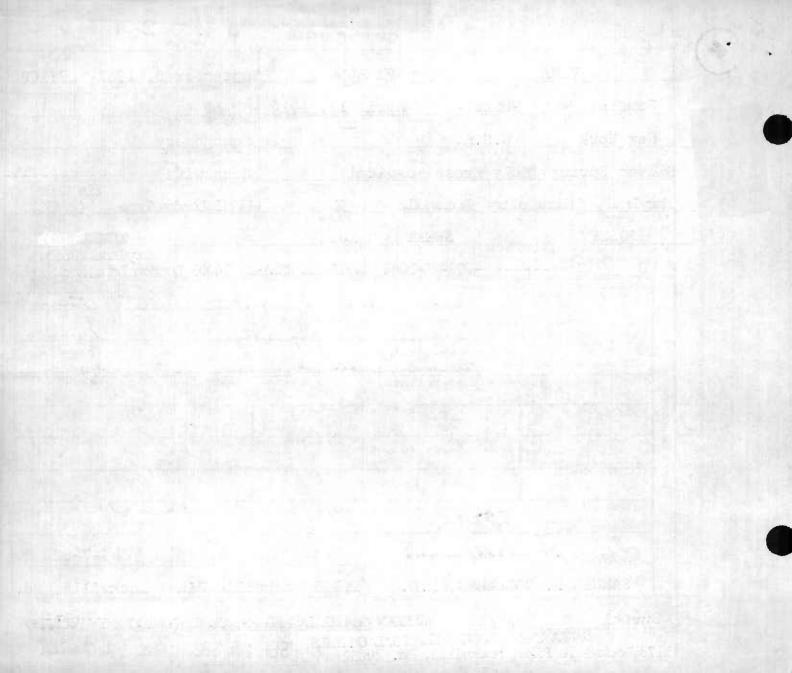
REG. NO

7h HOUR

17h KIND OF BUSINESS OR

DAYS

20 DATE OF DEATH MONTH



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

13b. COU	4. RACE White 7b. CITIZEN OF US 111. NAME OF (IF NOT IN SUC MONTE) ROTHER INSTITUTION	WHAT COUNTRY?  A  HOSPITAL, NURSIN THE FACILITY, GIVE STREET	P1 5 DATE O MONTH Jan 8 MARRIED WIDOWEI	19, 1912  DE NEVER MARRIED DIVORCED DIVORCED	REG. NO.  2a. DATE OF DEATH MON  September  6. AGE (IN YEARS LAST BIRTHDAY  70  9. BALTIMORE CITY OR CO	13 1982 IF UNDER I YEAR II YRS. DUNTY OF DEATH	HOUR  11124 FUNDER 74 HOURS MI			
TE OR FOREIGN  C .  F DEATH  IF NURSING HOME O  13b. COU	4. RACE White 7b. CITIZEN OF US 11. NAME OF (IF NOT IN SU Montg	WHAT COUNTRY?  A  HOSPITAL, NURSIN THE FACILITY, GIVE STREET	S DATE O MONTH Jan MARRIED WIDOWEI	F BIRTH  19, 1912  1 NEVER MARRIED DO DIVORCED D	6. AGE (IN YEARS LAST BIRTHDAY  70  9. BALTIMORE CITY OR CO	13 1982 () IF UNDER I YEAR II MONTHS DATS F	11:4 F UNDER 24 HE			
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F NURSING HOME O	Montg ROTHER INSTITUTION	H FACILITY, GIVE STREET	AME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION							
F NURSING HOME O	ROTHER INSTITUTION	omery G			(TYPE OF WORK FOR MOST OF WOL		)O3114E33			
13b. COU	K OTHER INSTITUTION		enera	1 Hospital	Hair Dress	er				
Mon		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS					
	tgomery	Damascus		YES NO	26030 Mt. V	ernon Ave.				
	MIDDLE	LAST 20	1872	15. MOTHER'S MAIDEN NAM	ME MIDDLE	EAST				
d Cle	veland	Plummer		Alma		Hardy	1-12			
		16b. SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRESS					
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			19	211. LOCATION						
NOT WHILE	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM ETC )	STREET	CITY OR TOWN	COUNTY	STAT			
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			7 00	d that in (my) (our) apinion	death occurred on the date of	3				
	at) view the bady	after death.		DEGREE		22c DATESSI	GNED /			
(\).				ATTENDING 1	MEDICAL STAFF	_ 0	12/			
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	0.4-7			119 6 108	I Truly vor.	001111114	2012			
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BY REGISTRAR 25b,  TOR  150 DATE RECTOR 25b DATE  TOR  150 DATE RECTOR 25b DATE  TOR  150 DATE RECTOR 25c DATE  TOR  150 DATE RECTOR 25c	Cleveland Plummer  Alma  Hardy  Deverin U.S. Armed Forces?  IMM 2  FREATH MAS CAUSE OF MARCH 1501  ATHORNANT  ADDRESS  578-03-3620  Ardelle Plummer, Item 13  FREATH CAUSE OF MARCH 1501  ATHORNANT  ADDRESS  FREATH (Enter only one couse per line for (o), (b), and (c)  ATHORNANCE OF MARCH 1501  ATHORNANCE OF MARCH 1501  DUE TO, OR AS A CONSCOUENCE OF  OUT ON A SA CONSCOUENCE OF  IFE COUSE lost.  IFE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART IN  ACCOUNE LOST.  TO A CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART IN  AND WAS UNDERSTRING  IFE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART IN  AND WAS UNDERSTRING  PM OF CAUSE OF DEATH  HOUR A.M. 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1人(学)(2)		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	X BALTIMORE CITY OR COUNT	
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DIVISION LEAR ING PHYSIC Officer this can obtain the control of the burning the control of the c	1	AT WORK AT WORK				
S T S S S S S S S S S S S S S S S S S S		220 I certify that (I) (this has	pital) attended the deceased fro	im	2 10 9-30-82	. 19, that (I) () last
CTO CTO d for a spirit		sow the deceased alive a above, (1) (===) (d.d.) (d.d.)	on 3 - 2 your ofter death.	9 <u>82</u> , and that in my) (and apinio	on death accurred on the date and ha	ur and from the causes stated
OR ho		22b. SIGNATURE		DEGREE		22c. DATE SIGNED
TAL Y the y the deto offer off	1	Jack Pa		LUL MD, ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	Sept.30,1982
Se E P		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		
S P P P P P P P P P P P P P P P P P P P						
TO HOSP retained TO FUNI should bi with the !!		Jack Schuma	acker, M.D.	105 Russel	1 Ave. Gaithersb	urg, MD.

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Beallsville, Maryland Monocacy Cemetery Buria1 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes, 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 1982 Rockville, Maryland

14 14 15 - 128 - 1 de Knith & Class Control From Control Description of the second seco A.C. H.F. 2441119 1 1 H. D. T. K. L. B. C. H. L. B. BECAR CLUTTES RESIDENCE OF STEEKE POST-OP, FAIRER . L E E A SANCE & C. T. Can the section will a section of the section of th 2 0 SRG 7700

70	1	FOR - STATE REGISTRAR			DEPART	MENT OF H	EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 2	2 4	4 1	8 6
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	3. SE	X	4	RACE		5. DATE O		6. AGE (IN YEARS LAST 8	IRTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS.
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ad pinorid be	13a. M		PRINC		BELTSV	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		EET	
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E of		YES	194	2-1966	725-09	<del>-8475</del>	ROBERTA A. I		MACON		
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Then pl	N O	PART 2 OTHER SIGNIF	ICANT CO	onditions <u>con</u>	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COI	NDITION GIVEN	I IN PART 110	
iene pria	CERTIFICATION	190 DATE OF OPERATIO	N	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES X NO		VERE FINDIN	
ental Hyg Item 18 sh		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	ISE OF DEATH	21b. TIME OF HOUR A.M P.M	MONTH D	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	OR PART 2)	
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af Healt		22a I certify that (1) (the saw the deceased above, (1) (we) (did	olive on	SEPTEMBI	ER 19 19	AUGUS 82	$\hat{\Gamma}$ 3 , 19 $\hat{82}$ and that in (my) (our) opinion	, to SEPTEM n death accurred on the			that (I) (we) last couses stated
tate Dept			ige		TIMCI	3		MEDICAL ST.	AFF ICIAN X	20 Se	ept 82
shauld be deta with the State IMPORTANT: I		R. K. FERGU	SON,	LT, MC,			MEDICAL CENT		4		/AL
· v 2 ≤ 1		BURIAL, CREMATION, RE (SPECIFY) Burial	-1-1-	,	982   Ca	rrol	emetery or crematory  1ton City	Cemetery (			
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0	FOR			E OF MARYLAND BEALTH AND MENTAL HYO	SIENE (% V)	241	0 7
	- STATE REGISTRAR			ICATE OF DEATH	8 A REG. N	0.	, ,
	DECEASED NAME FIRST CLA	PRA IRMA	F	OSFR	20. DATE OF DEATH	9 26 82	HOUR 0:17
OIES	SEX FEMALE	4. RACE WHITE	5 DATE O		6. AGE (IN YEARS LAST BIR	RIHDAY) IF UNDER I YEAR I	F UNDER 24 HR
201	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  GERMANY	76 CITIZEN OF WHAT CO	OUNTRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEATH	
med #	ROCKVILLE	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, NATIONAL I	UTHERAN H	OR OTHER INSTITUTION	120 USUAL OCCUPAT	OF WORKING LIFE) INDUSTRY	BUSINESS O
100			PENCE BEFORE ADMISSION) Y OR TOWN TIMORE	13d. INSIDE CITY LIMITS?		NWOOD AVENUE	
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Sedice of	(YES NOOR UNKNOWN) (IF YES O	GIVE WAR OR DATES	-32-2320	REV.DR.RICH	ARD REI CHAR	D - NLH- ROCK	VILLE.
Hygiene princip ta buriat.  8 shaws any injury, ar o	PART 2 OTHER SIGNIFICAN	isnor of	TING TO DEATH BUT		20a AUTOPSY2	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S USED F DEATH?
N 0 0	OR CONTRIBUTION CONTRACTOR			21c HOW INJURY OCCUR			140 []
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AL DIRECTOR: After this certification of the buriol-th reference of the buriol-th reference of the part of Health and Mental 17: If Item 21 is marked on Item 1	(IF EITHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  270.1 certify that (1) (ahir has saw the deceased glive a	21e. PLACE OF INJUR (AT HOME STREET FACTOR	ed from Land	d that in (my liver) apinion	deoth occurred on the do	ote and hour and from the cou	t (1) (me) los
thould be detached for use as the burial-treatment with the State Dept. of Health and Mental MPORTANT. If them 21 is marked or them 1	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P	21e. PLACE OF INJUR (AT HOME STREET FACTOR DOWN) attended the decease and view the body after deal of the Carry (Carry Carry).  TO PRINT!  TO PRINT!	RY RY OFFICE FARM ETC.)  ed from 19 2, on	d that in (my liver) apinion	, to deeth accurred on the do	ote and hour and from the cou	of (1) (me) losses stated  GNED  7 - P

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO 1. DECEASED NAME 20 DATE KNOWN PT TYPE OR PRINTI DEATH MATED SEX IF UNDER /2 HRS DATE PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED India U.S.A. WIDOWED DIVORCED omer TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1/12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! SHOULD BE ! GIVE RESIDENCE BEFORE AD 13a. STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 14. FATHER'S NAME MIDGLE FIRST Laura Ferdinando Mendis C. Samuel 160. WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT 166. SOCIAL SECURITY NO Gita Dhillon Bethesda, Maryland (YES. NO. OR UNKNOWN) 578-86-1052 18 CAUSE OF DEATH (Enter only one cause per line for,(a), (b), and (c).) APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. BURLAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OBATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A I CERTIFICATION ICATE, WRITIN.

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"IS STATE DEPARTMENT OF HEA.
"IS STATE DEPARTMENT OF HEA.
"IS STATE DEPARTMENT OF HEA. 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO P 21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH WHILE AT WORK AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR; PA 220 I certify that I took charge of the remains described above, held an and in my apinian Hamicide Undetermined manner TITLE (SPECIFY) DATUSEP6-201982 MINER'S NAME AFTER BALTIN YPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Geo. Wash. Med. School Washington, 24 FUNERAL DIRECTOR Columbia Mortuary Services, Inc. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE. **DHMH-17** 225 Missouri Ave. NW Washington, D.C. (VR A15 ME (5)) 15M 2/80

S78-86-1052 Dita Millon Betheuds, Maryland

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Columbia Mortanay Services, Inc. 205 Missouri We. Www. Islands. L.C.

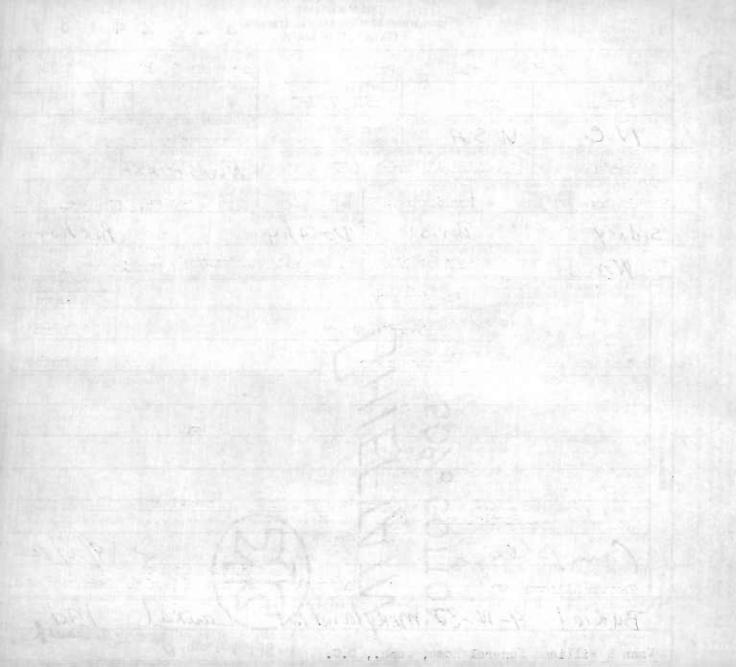
Sagoval 9/20 fight Rec. Wall. Wed. School

Vann & Williams Funeral Home, Wash., D.C.

STATE OF MARYLAND

FOR

(VRA 15, 4)



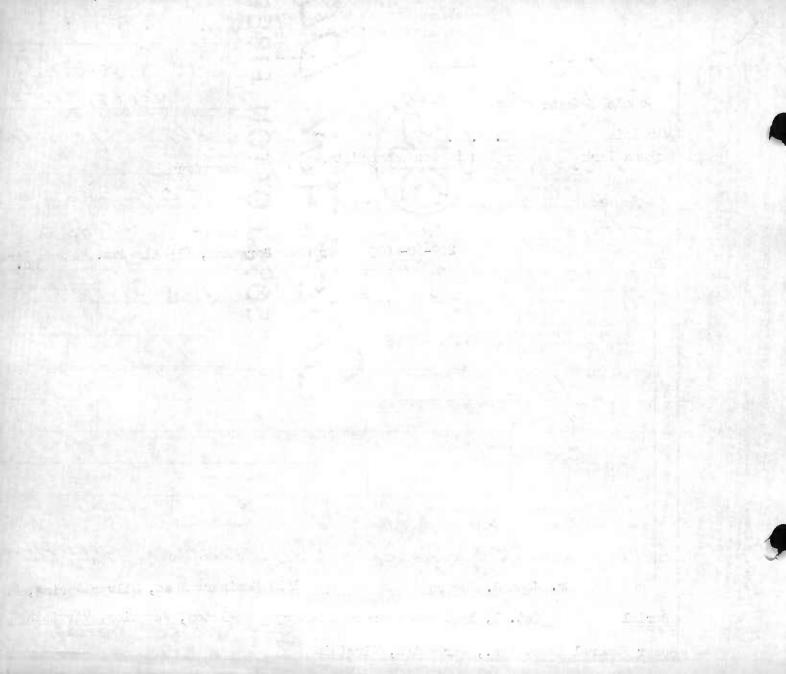
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DHMH - 16 50M 1/81 (VRA 15, 4)

	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARY  IEALTH AND  ICATE OF	MENTAL HYG	0	2 REG. NO.	2	4	190
		CEASED NAME FIRST GLADY		D .	PRA	TT		20 DATE OF DE	АТН МОНТН	DAY	YEAR	26 HOUR
	3 SE:		3 I	٠.	5. DATE C			6. AGE IN YEARS	LAST BIRTHDAY)	IF UN	DER I YEAR	1: 53/N
1		FEMALE	WHITI	E	NOV	- DAY	04 <sup>YEAR</sup>	77		RS MONT		HOURS MIN,
3	7a BI	IRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	U.S.A.		MARRIE WIDOWE		MARRIED	9 BALTIMORE	city <u>or</u> cou gomery	_	DEATH	W
8		LVER SPRING	11. NAME OF HO				STITUTION	12a USUAL OCC (TYPE OF WORK FOR Secret	MOST OF WORKE	NG LIFE)	NDUSTRY	Gov't.
35	13o. S	AL RESIDENCE (IF NURSING HOME O STATE 13b COU RYLAND MONT		WHEATON		13d. INSIDE	CITY LIMITS?	130 STREET ADD	RESS BUCKNE	LL DR		
50		ATHER'S NAME FIRST <b>Henry</b>	MIDDLE A.	Dalma:	-		r's maiden na First Maude		IDD{E		Walt	
1		NAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES GI	RMED FORCES? I	229-36-9		Joyc	e Ann Pi	ratt 109	ADDRESS 55 Bucl heaton	cnell Md.	Dr.	
7	CERTIFICATION	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT	DUE TO, OR A	AS A CONSEQUE  AS A CONSEQUE  STRIBUTING TO D  ON FOR WHICH	NCE OF			IN AL DISEASE O	r? 20h II	F YES, WE	RE FINDIN	
2	ERTIF	210. ACCIDENT WAS UNDERLYING	21b TIME OF	INJURY	_	21c HOW I	NJURY OCCUR	YES NO	00	YES [		NO [
7	MEDICAL C	OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE  21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK  220.1 certify that III this hosp  10 by Gold (cid on the cooks)	21e. PLACE OF (AT HOME, STREE	FINJURY T. FACTORY OFFICE F	ARM ETC)	211 LOCAT STRE	ION ET		TY OR TOWN		COUNTY	STATE that ( we) las causes stated
1	1	Md. PHYSICIAN'S NAME (TYPE O	OR PRINT)	Vg C		DEGREE  22e ADDRE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR D			SKUL	
	230 B	BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	23b. DATE				CREMATORY	23d LOCATIC CITY OF T Wash	ington	, D.°C	UNTY	STATE
		David L. Sauer			Falls	Churc	h, VaSF	E REC'D. BY REGI	STRAR 756 RE			URE LA

		TIME		
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\ /				ITE OF MARYLAND HEALTH AND MENTAL HYG		
N. N. S.	11-	FOR STATE	191			
4		REGISTRAR		NER'S CERTIFICATE OF I	DEATH REG. NO.	
		CEASED NAME FIRST IVA	MIDDLE	PRICE	OF ESTI-	H DAY YEAR 26 HOUR
7:18.7E		LVS	CORDER	NVICE.	DEATH MATED TEA	24281082 JAM
THE PERSON NAMED IN	3. SE	4. RACE 5. DATE C	DE BIRTH 6. AGE (IN YEAR LAST BIRTHD			DAY YEAR 24 HOUR
2004		Emale / Wite /-ex	1 - 0 - 0	(RS. HOURS MI	PRONOUNCED Vept	2R 10 PA PX
23 T 7 50 -	7a. 8	IRTHPLACE (STATE OR 76. CITIZE	N OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUL	NTY OF DEATH
問題を表面で		rginia U.	S A	WIDOWED DIVORCED	0 111	Lan + ×16
ZZ n 3	III_C	ITY OR TOWN OF DEATH II NAM	OF HOSPITAL, NURSING HOM	E, OR OTHER INSTITUTION 120	. USUAL OCCUPATION (TYPE OF WOR	KIND OF BUSINESS
PEAN IS 10 THE 55.301.V	13	koma Papk	Washington Adv		FOR MOST OF WORKING LIFE) Homemaker	OR INDUSTRY
_ CSESSO/		AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITATE 13b. COUNTY	ITUTION, GIVE RESIDENCE BEFORE ADMISS	ion)	STREET ADDRESS	
2120 F AND SHOULREC	)	Md Iso COUNTY	TZKD.	YES NO	6/0 E/m	Aug.
O I . NI	14. F.	ATHER'S NAME	LAST	15. MOTHER'S MAIDEN N	NAME	TAST
< < ∨ 0 3/>)	4	Altred mon	Convole	11-119	210t	Oden
0 ~ 2 2 _ 0	16a. \	VAS DECEASED EVER IN U.S. ARMED FORCES, NO. OR UNKNOWN) 1 (18 YES, GIVE WAR OR DATE		YNO. IL INFORMANT	ADDRESS	
	N		3) ZEZ Y ZO SON	Frances Box	gmarin, 615 Elm Av	re.,Takoma Park
, BALTI URS AINE WITH DIVISION		18 CAUSE OF DEATH (Enter only one caus	e per line for (a), (b), and (c), )		10	APPROXIMATE INTERVAL
	1	PART I DEATH WAS CAUSED BY:	1	to Muco	vdial //	BETWEEN ONSET AND DEATH
ON ST. 124 HO ITEM 1 ILEM 1 ILEM 1 ICONG PERMIT		4291 IMMEDIATE CAUSE	E TO, OR AS A CONSEQUENCE	OF		
THIN THIN THIN THIN THIN THIN THIN THIN		Canditions, if any, which				
N N N N N N N N N N N N N N N N N N N		gave rise to immediate	(b)E TO, OR AS A CONSEQUENCE	Of		
301 W. PRESTON ST. CUTED WITHIN 24 HC I IN PROCIL IN ITEM 1 IN FRANINER ALONG URIAL-TRANSIT PERMI UD MEMTAL HYGIENE, V, OR REMOVAL.	1	lying cause lost.	E TO, ON AS A CONSEGUENCE	Or		
XECU XECU G" IN CAL E BURI		PART 2 OTHER SIGNIFICANT COMPATIONS CONTRIBUTION	C TO OUT THE BUT HOT BELLYTO TO THE YEAR	WHAT BUT IT OR COMMITTED CHIEF IN DAME.		
L RECORDS, 3 ULD BE EXEC ULD BE EXEC EF MEDING" EF MEDICAL EF A BUI HEALTH ANG	Z	Von	TO OCENTI BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART [	(0).	
ULD B ULD B ULD B ED A HEAL CREM	1 8		CONDITION FOR WHICH OPE	RATION WAS PERFORMED?		20. AUTOPSY?
TALRE HOULD RD "PE CHIEF " USED OF HE, OF AL, CRE	CERTIFICATION	1/one				
F VII		21a. EXTERNAL CAUSE WAS 21b	TIME OF INJURY	21c HOW INJURY OCCURRED (I	ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR	
DIVISION OF VITAL S CERTIFICATE SHOU RITHOG THE WORD WORD TO THE CHIE E 3 SHOULD BE USE E DEPARTMENT OF I			OUR A.M. MONTH DAY YEA			
SHG TO	MEDICAL		P.M. 19 PLACE OF INJURY (AT HOME.	21f. LOCATION		
S CER RITING RDED SE 3 S E DEP	A.	WHILE NOI WHILE	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
DI THIS E, WRII E, WRII PAGE STATE		AT WORK AT WORK			ъ П	
<b>∞</b> ⊢ O '		22a. I certify that I taak charge of the re-		Autapsy , Inspection	Inquiry L, ond in my	opinion
A - W U - 4		death resulted fram: Natural causes	Accident , St	vicide, Homicide	Undetermined manner,	
EXAMI CERTIF ULD BE DIRECT	10	ACTUAL	11/	TITLE (SPECIFY)	DAY	c Cont a con
MEDICAL ECUTE THE SGE 4 SHOI FUNERAL FER DEATH,		SIGNATURE	1/ Cason	M.D. fress	MEDICAL EXAMINER SIGN	NED TIPE
NE PE	4	EXAMINER'S NAME	0	0		
TO MEDICAL E FACE THE OF SECURE THE OF SECURE THE OF SECURE AS SHOWN ASTER DEATH, ASTER DEATH, I		(DALE OBLEKINT) ILIT . John !	S. Rogers		eminary Road, Silv	ver Spring MD
B A T P E T	- (	SPECIFY) 23b. DATE				OUNTY STATE
		urial Oct.	1, 1982 Cedar G		Bealeton, Fauquie:	
DHMH-17 20M 1/73 (VR A15 ME (5))	24 F	UNERAL DIRECTOR	ADDRESS	250 DATE REC	D. BY REGISTRAR STARTS	ELECTRIFICATION .
	Mo	ser Funeral Home, In	c., Warrenton,	Virginia		
	_					



equires that the death certificate be executed within 24 haurs

TO HOSPITAL OR ATTENDING PHYSICIAN. The law etained by the hospital or attending physician.

	ATE GISTRAR				MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH		REG. NO.	2 4	1	9	2
1. DECEA	SED NAME	FIRST TYMOI	UX	PERRY		PRICE	2a DATE OF DE	ATH MONTH	DAY	82	26. HO	UR/O
3/56X	ale		4 RACE Whit		5. DATE	OF BIRTH H DAY YEAR	6. AGE (IN YEARS	LAST BIRTHDAY)	IF U	INDER I YEAR	IF UNDE	ER 24 HRS
COUR	PLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	ch 17, 1893  D NEVER MARRIED DIVORCED DIVORCED	9 BALTIMORE					<i>N</i>
Ke	nsingtor	1	Kensi	ngton Gar	dens	Nursing Home	120 USUAL OCC (TYPE OF WORK FOR	CUPATION R MOST OF WORK		126. KIND C INDUSTRY		NESS O
Ma. STAT	ryland	136 COUN		136. CITY OR TOW Clarksbu	N	13d. INSIDE CITY LIMITS? YES NO [	13e STREET ADD 25810 F1	red Rd.	CI	larks	ourg	, Mc
	R'S NAME FIRST Robert	Ve	rnon	Price		15 MOTHER'S MAIDEN NA	ME	lae		EA	own	
(YES P	DECEASED EVER 10 OR UNKNOWN) NO		E WAR OR DATES)	217-36-		Bedford Dods		ADDRESS 10 Fred		k Roa	ad	
PA		ng the e lost NIFICANT (	(c) CONDITIONS C		DEATH BUT	NOT RELATED TO THE TERM				IN PART 10	0.	
	BCUFFE DATE OF OPERA					FECTION CON	20a AUTOPS	Y? 20b. I	F YES, W	ERE FINDING CAUSES		ATH?
CAL	ACCIDENT WAS UN CONTRIBUTING FEITHER NOTIFY MED	CAUSE OF DEA	HOUR A	.M. MONTH DA	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITE	M IB PART I	1 OR PART 2)	Y	
W AT N	INJURY OCCUR			OF INJURY REET FACTORY, OFFICE F	ARM, ETC )	211 LOCATION STREET	C	TY OR TOWN		COUNTY		STATE
220	I certify that I sow the decem- above I we I 5 I ATURE			ne deceased from	80	nd that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	death accurred o	STAFF		od from the	couses s	(we) lo
226	PHYSICIAN'S N	AME (TYPE O	m.1	466		22e ADDRESS 373	O FA	RABGE	*	208	95	
23a BURI (SPEC	AL, CREMATION Burial					emetery or crematory	23d LOCATIC	OWN	co	YTAUC	1/64	STATE

Home Md. SEP 9 1982

DHMH - 16 50M 1/81 (VRA 15, 4) Smith, Keeney and Basford Funeral 106 East Church Street, Frederick

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached for use as the busiol-transit permit. Then please remove carbon popers. Pages 1 emil 2 should be filed with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

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	ATTERNATION CONCERN	Toler o	

	1 -	FOR STATE REGISTRAR			DEPARTA	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8 2 2	4 1	9 3
		ASED NAME FIR			WIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
3/		GEC		MARK P	RIOR			SEPTEMBER 16 19	982	3:45 a
1000	SEX			RACE		MON	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
100	MAI			AUCASI		MAY	15 1952	30 YRS		
7/	NEV	HPLACE (STATE OR FOREIGN DINTRY)  JERSEY			STATES	8 MARRIE WIDOW	EDX NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUN MONTGOMERY	ITY OF DEATH	M
7	BET	THESDA	/	NAVA	L HOSPITA	AL	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING U. S. NAVY LT.	LIFE INDUSTRY	OF BUSINESS OR
- 13	0 51		COUNTY RLIN		136. CITY OR TOW ARLING	N	13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS 965A S.ROLFE S		
2	TH	HER'S NAME FIRST		R	EAST		15. MOTHER'S MAIDEN NAME FIRST MATHILDA I	ME MIDDLE HILSDORF		ST
				AR OR DATES)	175-44-7		LIZA BETH R.H	PRIOR, 965A S. F	ROLFE ST	REET
- Z	- P		ofe the ist	(c)	R AS A CONSEQUE	NCE OF	MONECROLYSIS	INAL DISEASE OR CONDITION G		
CERTIFICATION	19	DATE OF OPERATION				OPERATIO	ON WAS PERFORMED	YES Y NO	YES, WERE FINDI TIFYING CAUSES YES	NGS USED S OF DEATH? NO
MEDICAL CE		Ag, ACCIDENT WAS UNDERLYH DR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH	21b. TIME OI HOUR A.M P.A	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURE	PED (ENTER NATURE OF INJURY IN ITEM 18	8 PART I OR PART 2)	
WED		MHILE NOT WHILE AT WORK		21e. PLACE ( (AT HOME, STRI	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	L	Re I certify that (!) (this saw the deceased of above, (we) (did) (c)	hospital) ive on SI did not) vi	EPTEMR	ER 16 19 8 offer death.	. 0	nd that in (my) (our) opinion (	death occurred on the date and h		
		24 PHYSICIAN'S NAME	Sec.	INT)	LTRO		22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	1/2	Es es
230	a BUI	almay,	AZUN	INT)	, MC, USN	IR .	22e. ADDRESS	AL, BETHESDA, M	D 20814	452

Sugara Set (7) 132 Parett later Course Season Interest visiting

BP\_\_\_\_\_\_ DHMH-16 30M 2/80 (VRA 15, 4)

	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2 2	4194
		CEASED NAME FIRST E OR PRINT) Elsi	e Pyc	hnery	AST .	20. DATE OF DEATH MONTH	20 82 7 AM
	3. SE	Female.	White.		1901	6 AGE (IN YEARS LAST BIRTHDAY) 81 YR	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
35	A.	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Penn.	U. S. A.	WIDOWE		Montgomery	MD.
27 notified	E	Bethesda.	11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STRE  Suburban Hosp  OTHER INSTITUTION, GIVE RESIDENCE BEFORE  OTHER INSTITUTION.	et ADDRESS)	Bethesda,	120 USUAL OCCUPATION (TYPEOF WHOUSE OF WIN	
dicol exomineral distriction of the distriction of	130 S Ma 14. FA	ATHER'S NAME PIRST  WAS DECEASED EVER IN U.S. AF	NIY I3c. CITY OR TO  G. Kensing  MIDDLE LAST  Unknown	gton.	FIRST  17 INFORMANT	13e. STREET ADDRESS 2700 Barker 7 MIDDLE ADDRESS	Ave.
lury, or other traumatic event, th	Z	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSEO  (c)  DUE TO, OR AS A CONSEO  (b)  DUE TO, OR AS A CONSEO  (c)  CONDITIONS CONTRIBUTING TO	DUENCE OF	notosis l obstru L col		2 days
huo swo	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION	N WAS PERFORMED	20g AUTOPSY? 20b. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \( \text{NO} \)
d or Hem 18 s	MEDICAL CE	21a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE LIFETHER NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED		19	211. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)  COUNTY STATE
: If them 21 is marked		sow the deceased alive or	oit of ended the deceased from 2 19.	, on	DEGREE ATTENDING	deoth occurred on the dote and	, that (I) (we) last hour and from the causes stated
IMPORTANT	72. 1	Jeremy V.  BURIAL, CREMATION, REMOVAL	Cooke.	NAME OF C	22e ADDRESS	. Ave. Kensi	ngton, Md.
_	7			t. Li eral	ncoln. Home. 250 PAI		Rania P. G. SICO,

Lisio Eychnery. Female. Phitse. 9-19-1001 Col 31 Popp. U. S. A. . Vienteener. Berhande. | Suburban Hospital. Dethosda, Mc. House Wife. daryland. Montg. - Tensington. + 2708 Hartar Avg. 220-54-7705 . Sephoy. Clemicod , Md. 2273 Margaley basabil Joremy V. Cooke. . . 10400 Conn. Ave. Mensington, Md. Cremation. Sept. 22, Ft. Lincoln. Blademaburg Ed. P. G. Co. . The Lagrania consider White Helle Land Carroll St. H. W. W. C.

M FUNERAL DIRECTOR Tyson Wheeler Funeral Home, Inc.

1331 Rockville Pike Rockville, Maryland 20852

FOR

REGISTRAR

- STATE

DHMH - 16 50M 4/B2

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

None

NO [

22c. DATE SIGNED

STATE

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- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REPERENT BERNELL DOL 9-27729.66 1 10 17 67 E MONTERNEECH SULE STATE HELY CRESS USP THE BATTER OF THE

9/8/82

FUNERAL DIRECTOR HIMTES/Rinaldi 11800 N. FF-Ave.S.S.Md.

Lee's Funeral Home

- STATE

REGISTRAR

Cremation

DHMH - 16 50M 1/76 (VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

YEAR

DAYS

IF UNGER I YEAR

INDUSTRY

Clerk

Knowles

2b HOUR

HOURS

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

STATE

COUNTY

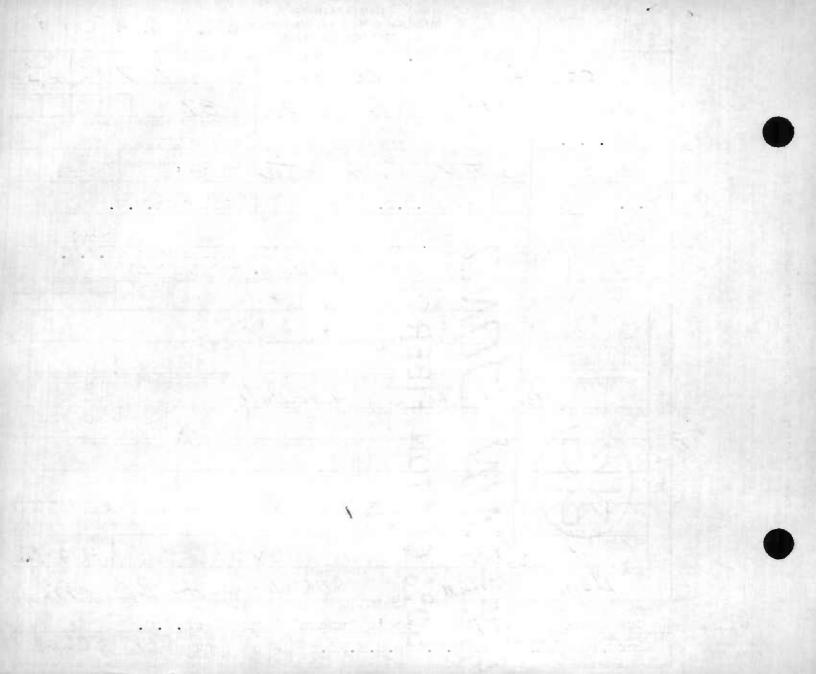
COUNTY

Wash.D.C.

250 DATE REC'D. BY REGISTRAR 250" LEGISTRAR'S SIGNATURE

22c. DATE SIGNED

40



DHMH - 16 50M 1/81 (VRA 15, 4)

1	FOR STATE REGISTRAR	DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	2 4	1 9	8
{TYP	ECEASED NAME HARRY HARRY	R.	REIDING	Jer	September	MONTH DAY		15 P M
JAC B	MAIC  IRTHPLACE (STATE OR FOREIGN  COUNTY)  POLAND  ITY OR TOWN OF DEATH	4 RACE WHITE 76 CITIZEN OF WHAT COUN U.S.A.	MARRIEI WIDOWE	H 15, 1881    NEVER MARRIED   DIVORCED	6. AGE (IN YEARS LAST BIR 101 9 BALTIMORE CITY O	YRS. MONTHS  YRS. MONTHS  RECOUNTY OF DE.	ATH	MD
Usu	ROCKVILLE  JAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE	OF GREA	TER WASHINGTO	120 USUAL OCCUPATION TAILOR	F WORKING LIFE) IND	KIND OF BUSI USTRY LOTHING	
13a.	STATE 136 COUL	NTY 13c CITY OR	R SPRING			EW HAMPSH	HIRE AV	ENUE
1	<b>(UNASCERTAINABL</b>	.E) REIDI	NGER	ZLATTA		UNASCERTA	INABLE	)
1	WAS DECEASED EVER IN U.S. AF (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	SECURITY NO. 6-4704	JOSEPH REIDI	NGER, SILVE	WHITNEY S R SPRING		AND
NON	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	SENILE I	SEQUENCE OF STODEATH BUT	TION  NOT RELATED TO THE TERMINITH A - MIL				
CERTIFICATION	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR W	HICH OPERATION		200 AUTOPSY? YES NOT	20b. IF YES, WERE IN CERTIFYING C YES	AUSES OF DE	ATH?
MEDICAL C	OR CONTRIBUTING CAUSE OF DE LIFE EITHER NOTIFY MEDICAL EXAMINED	HOUR A.M. MONTH	DAY YEAR	216 HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART I OR P	ART 2)	
MEI	NOT WHILE AT WORK	(AT HOME, STREET FACTORY OF	FFICE, FARM, ETC.)	STREET	CITY OR TO	WN COU	INTY	STATE
	22a I certify that (I) (this hasp saw the deceased alive an		.19 2 an	d the in (my) (aur) apinian d		220		
	220. PHYSICIAN'S NAME (TYPE O	PATEL, A		6/21 MON	MEDICAL STAF DIRECTOR PHYSIC TROSE RU	0	1145,	MD.
	BURIAL BURIAL	9/3/1982	MOUNT L	EBANON CEMETE		PR. GE	ORGES,	MD.
24 1	OUNALD M. STEIN	ADV	PAGG	1.355	RES'D. BY GESTRAR	M-HEGISTRARIS.S	German	^

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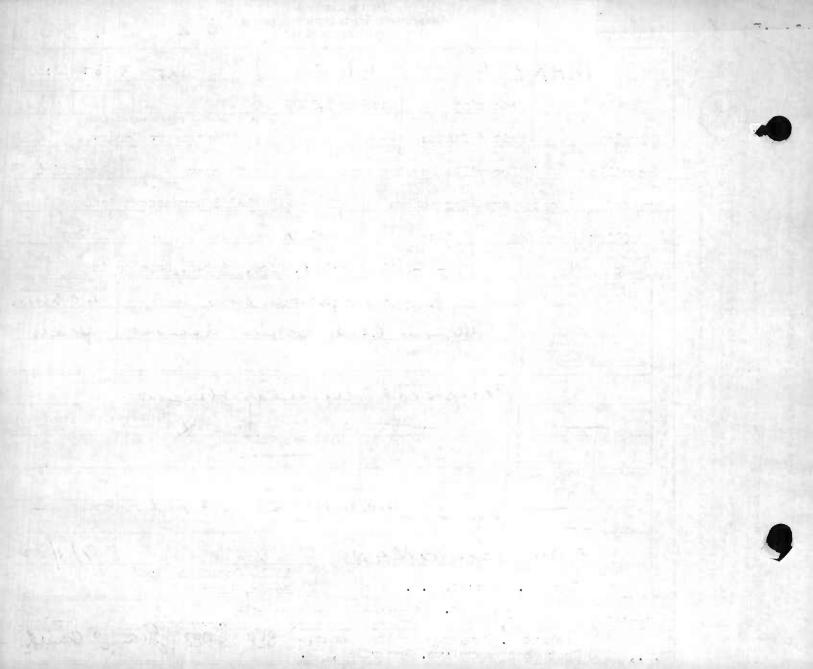
9	1 - STATE REGISTRAR	DEPAR	CERTIFICATE OF DEATH	GIENE 8 2 2	4 1 9 9
	DECEASED NAME FIRST (TYPE OR PRINT) CA	LVIN ARTHUR	REYNOLDS	2R. DATE OF DEATH MONTH	1 1982 2 5 M
S Succession of the succession	Male	4 RACE White	S DATE OF BIRTH MONTH DAY YEAR 3 27 27	6 AGE (IN YEARS LAST BIRTHDAY)  55 YRS	IF UNDER I YEAR IF UNDER 24 HRS
42 25	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	7% CITIZEN OF WHAT COUNTRY  USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Montgomer	
ed with	Rockville	211 Croydon A	venue	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING retired electric	
onid be	Maryland M	ne or other institution, give residence before our party is a city or to contgomery Rockvi	11e YES \ NO \	13r. STREET ADDRESS 211 Croydon	Avenue
15/	4 FATHER'S NAME FIRST Harry	MIDDLE LAST Reynol		eth	last Hill
t, the me	60 WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (IF YES VOS	GIVE WAR OR DATES!	URITY NO. 17 INFORMANT	eynolds same as	13e ′
atic even	PART I. DEATH WAS CA		Por Cance	^	BETWEEN ONSET AND DEATH
or to burial, cremation, on to burial, or other trau		DUE TO, OR AS A CONSEQU		minal disease or condition of	SIVEN IN PART 1(0)
gene prio	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
- 0///	OR CONTRIBUTION C CAUSE O	FDEATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 1)	8, PART 1 OR PART 2)
th and M	THE STATE OF THE S	21r PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
t. of Heal	sow the deceased alivi abave, (1) (we) (ald) (di	ospital) attended the deceased from on19_ d not) view the body ofter death.	, and that in (my) (aur) opinion	, to	
State Oeprant: If It	27b. SIGNATURE  Frauch	e Wurthal	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	9/1/82
PORT	Frauke W	estphal		Iill Road Rockvill	
	Burial, cremation, remo		NAME OF CEMETERY OF CREMATORY ough Menonite Cem	The same of the sa	
IH-16 25M 15, 4) 1/79	1331 Rockyi	er Funeral Home,	THE.	P 7 1987 PEG	STRANG SHOWATURE

1331 Rockville Pike Rockville, Md. 20852

STATE OF MARYLAND

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STATE OF MARYLAND

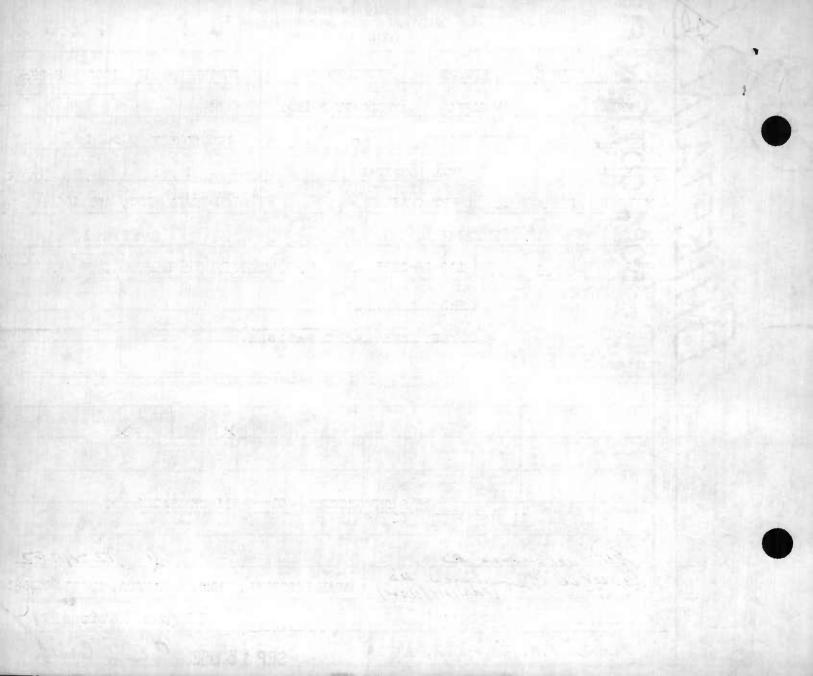


	STATE OF MARYLAND	
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 9 4 9 0	1
e _:	CERTIFICATE OF DEATH	•
poge Dept	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. H	
5	ELISABETH SHARP RILEY SEPTEMBER 21. 1982	of M
ES .	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years   IFUNOER   YEAR   IF UNOER	24 HRS.
6	FEBRUARY 5, 1907 75 YRS.	
141	76. CITIZEN OF WHAT COUNTRY?  COUNTY WASHINGTON, D. C. U.S.A.  8. MARRIED NEVER MARRIED  9. COUNTY OF DEATH  WIDOWED DIVORCED  MON'TGOMERY	Md.
\$00	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  SILVER SPRING  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  GOVERNME  120. USUAL OCCUPATION (Kind of work done duples and statements)  INDUSTRY  COVERNME	
- S	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
350	MARYLAND 13b. COUNTY MONIGOMERY SILVER SPG. YES NO X 1625 MAYDALE DRIVE	
160	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	
274	JUHN R. SHARP MARGARET E. OTIS	
1	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give wor or dates of service)  16b. SOCIAL SECURITY NO.  17. INFORMANT  MARGARET CATON, DAUGHTER  Add 722 GULPH ROAD  MARGARET CATON, DAUGHTER  AND PART OF THE PROAD DAUGHTER  AND PART OF THE PART OF	
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  APPROXIMATE INTERV.  BETWEEN ONSET AND OF	
e éuo	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Condinc on Cost  Immediate Cause (o)	1-
0	1629 DUE TO, OR AS A CONSEQUENCE OF	
puo	Conditions, if ony, which gove) (b)	
	rise to immediate cause (o).  Stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF	
DAO E	last. (c)	
10	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
-		
9	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY?  YES NO 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  216. ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)	
9	216. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY   216. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)  217. HOUR A.M. Month Doy Yeor   19.  218. TIME OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)  219. Time OF INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
	While Not while of work Office Building, FTC.	ate
70	220. I certify that (I) (this hospital) attended the deceased from 30, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	) last n the
of Hygi	225 SIGNATURE	
d Mentol	Lasy Degree PHYS.   MED. STAFF PHYS. 9/21/82	
oith and Ment	PHYSICIAN'S NAME (Type) NEAL ROSEN, M.D. 22e ADDRESS NAVEL HOSPITAL, BETHESDA, MD. 20814	
of Heolth	230. BURIAL, CREMATION, 9/22/82 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) CEDAR HILL CREMATORY SUITLAND HG. MD.	
71 30M	24. FUNERAL DIRECTOR R & R CREMATION SERVADORS  250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
(15 (4))	3520 CUNNECTICUT AVE., N.W. WASH. D.C. 20008 DAKED 24 108	

DESCRIPTION OF THE PARTY THE SHAREST POST TRANSPORT OF THE SERVICE Marie Stag on Bear A. A. T. Dr. Barrier British Charles SAS-SE-SYLL IN MARKAGE CARROLL CAUGHTES TO THE TAX OF T ONDEREND CHARTON PROPERTY CHARTON CONTRACT CONTRACT SERVICE MARKET TO SERVICE AND THE SERVICE STATES

## DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH 7h HOUR ISIDOR **EDWARD** RITTENBURG SEPTEMBER 1982 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHOAY) FEBRUARY 5 1901 MALE CAUCASTAN To. BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MASSACHUSETTS County, UNITED STATES MONTGOMERY WIDOWEDK CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET AGORESS) BETHESDA NAVAL HOSPITAL PETTREPMilitary U.S. Gov't SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) CHEVY CHASE 4700 BRADY BLVD, APT 101 MARYLAND MONTGOMERY 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME **JACOB** Available RITTENBURG Not 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT JOHN G. RITTENBURG 315 SADDLE LAKE DR. GA. 3007 LIF YES, GIVE WAR OR DATES 213-38-2238 1959 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) CARDTAC ARREST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which b) CONGESTIVE HEART FAILURE gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 71n ACCIDENT WAS UNDERLYING 21h TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER NOTIFY MEDICAL EXAMINER) P.M 71d INJURY OCCURRED 21e. PLACE OF INJURY 21 LOCATION AT HOME, STREET, FACTORY OFFICE FARM ETC 1 CITY OR TOWN COUNTY STATE NOT WHILE 6 SEPTEMBER 220.1 certify that (1) (this hospital) attended the deceased from 11 SEPTEMBER 82 sow the deceased alive on\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e. ADDRESS ld b NAVAL HOSPITAL, NNMC, BETHESDA, MARYLAND20814 TIMMONS 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIF Burial Arlington National STATE Arlington Nationa 24 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 HCMES, P.A., BETHESDA, MARYLAND (VRA 15, 4)

STATE OF MARYLAND



Z	FOR 1 - STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE &
	I. DECEASED NAME	FIRST MIDDL	E LASI	20. DATE O
A 200	RE	GINA	ROSNER	Sept
F 4 4	3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN
- CA	FEMALE	WHITE	August 20, 1897	85
F 100 - 200 1	TO BIRTHPI ACE ASSISTED OF	ODE CHE THE CHITIZEN OF WALLA	T COUNTRY 1	O DALTIAL

REG. NO.

1		OR PRINT)	(5)	MIDDLE	A31	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
		REGI	NA	ROSN	NER	September 7.	1982	11:57A
1	3 SE	X	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	F	EMALE	WHITE	A110115	st 20, 1897	85 YR	MONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR FOREIG	ON 76 CITIZEN OF	WHAT COUNTRY? 8		9 BALTIMORE CITY OR COUN		
1	Po	land	U.S.		NEVER MARRIED DIVORCED	Montgomery		M
,	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSING HOME O	OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
J	Si	lver Spring		oss Hospital		Housewife	G LIFE) INDUSTRY	
	VSU.	AL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION)			7:	n Code
S		130	ntgomery	Silver Spring	13d. INSIDE CITY LIMITS?	12519 Montcla		p Code
4		THER'S NAME	inegonal y	DITACT OPTITIE	15 MOTHER'S MAIDEN NA		LE Dr.;	20904
ř	)	MOSES	WIDDLE	FOSNER	O T TUTTET	MIDDLE	LA!	ST
1	_	VAS DECEASED EVER IN U	S A DAMED EODOESS	16b. SOCIAL SECURITY NO.	GITTEL 17 INFORMANT	O . TADDOSS =	(UNKNOW	
ı	()		YES, GIVE WAR OR DATES)			Silver Spi	ring, Md	. 20904
ı		NO   -		215-56-9636T	Florence Scr	wartz;12519 Mor		
		18 CAUSE OF DEATH (En	nter only one couse per		2111	. KA Ford	BETWEEN	ONSET AND DEATH
		1 1 m 1 1 mm	EDIATE CAUSE (0)	HWIE !	PULMUNAN	4 EDEMA	FE	w HOUR
		7099	DUE TO, OF	AS A CONSEQUENCE OF	2 - 101 A 10 =	THE DELTH		7 34.
		Conditions, if ony, whi		CHTONIC	KENAL DISE	ASE-ACUTE FAILU	3-	1 DITY
		couse (o), stating t	the DUE TO, OF	RAS A CONSEQUENCE OF	- 0.000	PAICO	St	NERAL
		underlying couse lo	(c)	MYPERTENSIL	E CARDIO V	MASGURAN DISE	MIE 9	EMP
ı	_	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 1	0:
	Õ	DIABETE	1 //			VASCULAR AC	CIDENT	
	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERATION	WAS PERFORMED		YES, WERE FINDI	
	RTIF					YES NO	YES	NO [
	CE	21a. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE		FINJURY M. MONTH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	8 PART I OR PART 2]	
	EDICAL	(IF EITHER NOTIFY MEDICALEX	OF DEATH					
	EDI	214 INJURY OCCURRED	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, FARM ETC.)	211 LOCATION	CITY OR TOWN	COUNTY	STATE
ı	2	AT WORK NOT WHILE AT WORK	] (AT HOME, STR	EET, FACTORT, OFFICE, FARM ETC.)	311111			STATE
ı		22a I certify that (I) (this	hospital) attended the	deceased from	19/2	10 DEPT. 1	1982	that (I) Just lost
ı		sow the deceased all	did not) view the body	1 10 12 00	d that in (my) (a pinion	death accurred on the date and h		
ı		276. SAGGAMELINE	Da.		DEGREE		22c. DA E	SIGNED
ı		Mouren	ce 01/1	arcus M.D	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	91	7/1/2
1		PHISICIAN'S NAME	(TYPE OR PRINT)		22e ADDRESS	C C	SILVER	Con
		LAWRENC	E D. MA	TRCUS, M.A.	1111 SPR IN	16 STREET.	SILVER	- OFICING
4				1.00	01.0		191	TIMULITA

DHMH - 16 50M 1/81 (VRA 15, 4)

O FUNERAL DIREC should be detached MPORTANT: If them 2

230 BURIAL, CREMATION, REMOVAL ISP Burial

KING DAVID MEMORIAL GDN.
ERG CHAPELS SEP DANZANSKY-GOLDBERG CHAPELS 1170 Rockville Pike; Rockville, Md

23b. DATE 9/8/82

23d. LOCATION COUNTY

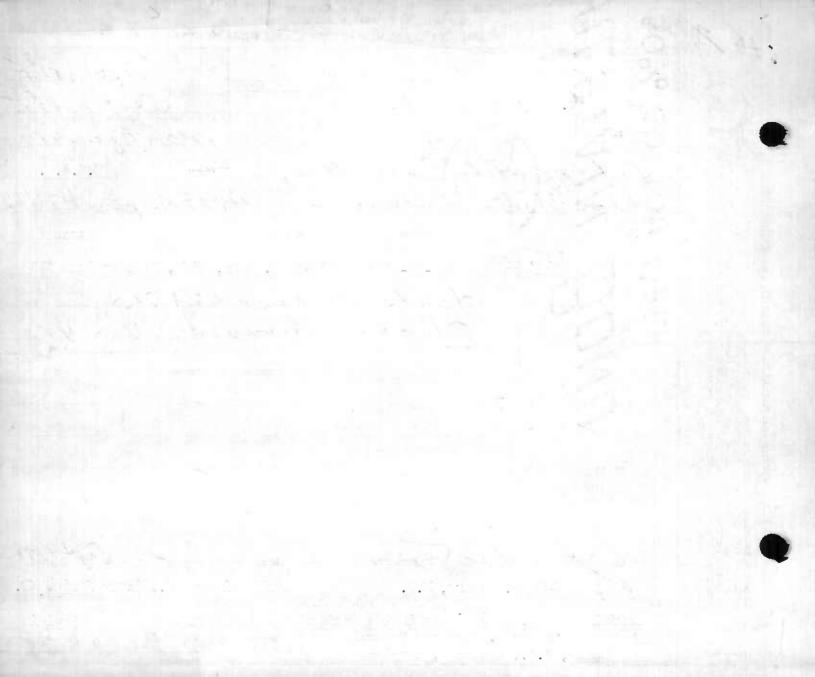
I. FALLS CHIRCH: MONICOME

CD. BY REGISTRAR 23b. REGISTRAR'S SIGNATURE

15 1982

CANONIC KENS JACKE - PORTE AND STREET

· Yen	1-	FOR STATE	DEP		F MARYLAND LTH AND MENTAL H	IYGIENE <sub>2</sub>	2 4 2 0 4
. 14 N		REGISTRAR			S CERTIFICATE C	FDEATH REG.	NO.
, , ,		CEASED NAME FIRST E OR PRINT)	MID		LAST	20 DATE KNOWN OF ESTI-	MONTH DAY YEAR THE
X 8 2 2 2 E		Anell			Ross	DEATH MATED	De 41, 19 825 M
THE TOTAL	3. SE			YEAR LAST BIRTHDAY)	UNDER I YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUNCED	MOMAH DAY YEAR
1964	Ma		July 21,19			DEAD	ept 1/1988 50m
HEEL	/a. B	RTHPLACE (STATE OR REIGN COUNTRY)  Illinois	76. CITIZEN OF WHAT	M	ARRIED NEVER MARR	9. BALTIMORE CITY	OR COUNTY OF DEATH
SET SON	_	TY OR TOWN OF DEATH	United Sta	L, NURSING HOME, OR	OWED DIVORC		TAKIN EVY MD.
ELAY IS O THE F PAGE S. 201 V	10. C	Sit Spa	(IF NOT IN SUCH FICILITY,		4 + J D.	120. USUAL OCCUPATION (T FOR MOST OF WORKING LIFE)  Major	YPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY U.S.A.F.
D. 21201 IF ANY DEL 2, AND 3 TO 3, RETAIN P SHOULD BE 1, RECORDS,	USU/ 13a S	TATE 136 COUN	OTHER INSTITUTION OVERES	SITY OR TOWN	134 INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	nen HillRd
MD. MD. 7, 22, 7, 32, 52, 52, 52, 52, 52, 53, 54, 54, 54, 54, 54, 54, 54, 54, 54, 54		ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDE	N NAME MIDDLE	LAST
DEATH AND SES 1, A PAN		Philip		Ross	Rose	Model	Rossetti
TIMOR TER DE F PAGE FORM SES 1 A ION OF	16a V	VAS DECEASED EVER IN U.S. AR	AED FORCES?	SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	SS
JRS AFTER DEATH. II. S. GIVE PAGES 1, 2, WITH FORM PM 3. WITH FORM PM 3. DIVISION OFVITAL		Yes Viet	Nam 5	73-12-8138	Elaine W.	Ross, Wife, S	ame as item #13
W. PRESTON ST.  D. WITHIN 24 HOL  PENCIL IN 176M 18  WINNER ALONG  -1RANDS TREMONG  -1RANDS HOSIERE,  OR REMOVAL.		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE!  Conditions, if any, which gove rise to immediate cause (a) stoting the underlying cause lost.	D BY: E CAUSE (o) DUE TO, OR AS A	CONSEQUENCE OF	myo ca	rdis 1 li	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  DIA  V V
ECORDS, 201  D BE EXECUTE ENDING" IN MEDICAL AS A BURIAL ALTH AND M CREMATION		PART 2 DINER SIGNIFICANT CONDITIONS		T RELATED TO THE TERMINAL D	SEASE OR CONDITION GIVEN IN PA	RT 1 (a)	
L RECOR	CERTIFICATION	1/0	ne				
TAL RI HOULD RD "PE HIEF A USED, OF HEL OF RIAL,	TA2	190 DATE OF OPERATION	196. CONDITION	FOR WHICH OPERATIO	WAS PERFORMED?		20 AUTOPSY?
VITA SHOWN VORD VORD NT OF BE US	E	/Von					YES 🗆 NO 🖎
OF V ATE S THE O LID BE MENT TO BU		210. EXTERNAL CAUSE WAS	1216 TIME OF INJU HOUR A.M. MC	JRY ONTH DAY YEAR	. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)
CETIFICATI CETIFICATI TING THEV 3 SHOULD DEPARTME 1 PRIOR TO	MEDICAL	CONTRIBUTING CAUSE OF E		19			
DIVIS THIS CER WRITIN WARDED PAGE 3 S TATE DEP	MED	216 INJURY OCCURRED WHILE NOT WHILE D AT WORK	21e PLACE OF IN STREET, FACTORY, F		LOCATION	CITY OR TOWN	COUNTY STATE
DICAL EXAMINER: TE THE CERTIFICATE A SHOULD BE FOR WERAL DIRECTOR: DEATH, WITH THE S NORE, MARYLAND,		22a   certify that I took charg death resulted fram: Natur ACTUAL SIGNATURE	al couses Acci	dent Suicide	Homicide Title (SPECIFY)	Undetermined monner  MEDICAL EXAMINER	DATE Sept. 1/982
TO ME EXECUTE PAGE V TO FUI BAFTER	W	EXAMINER'S NAME JOH	n S. Rogers				Silver Spring MD.
85——— 57 A 57 A 8	23a.B	PECIFY)	3b. DATE Sept. 3, 1982	23c. NAME OF CEMETER Arlington		23d LOCATION CITY OR TOWN Arlington	COUNTY STATE Virginia
DHMH - 17	24 F	NERAL DIRECTOR Rob	ert A. Pump		250. DATE	REC'D. BY REGISTRAR 256 PE	
(VR A15 ME (5) )			A., Bethesd		SE	P 71982	and lakely



DECENSION AND THE CONTROL OF PARTIES OF WHAT COUNTRY BY AND THE COUNTRY OF CO	1 - ST/		DE	PARTMENT OF I	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2	2 4	20
Male    Male   M	1. DECEAS	SED NAME FIRST	MIDDLE W.					26 HOUR 2 1712
New York    New York	Ma1	e	White	Jan.	DAY YEAR		MONTHS	
Rockville    SHADE GROUP ADJECTS   LOSATE C.P. A. C.P.	New	York	U.S.A.	MARRIE	DIVORCED		_	ATH
136 STATE   136	85 Rock	ville	X SHACY GREAT SHACK GREAT SHACK GREAT GREA	VE STREET ADDRESS)		(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDU	counting
Note   Milliam   Rothman   Hermina   Rubinstein   Mary Fand 20815   Martin Silver; 2915   Greenvale St.; Chev   Martin Silver; 2915   Greenvale St.; Che	Mary 1	and Montg	ITY 13c CITY C	RTOWN	YES X NO	6 Green La		de: 20854
New Was Deck ased every in U. S. ARMED FORCES?   166 SOCIAL SECURITY NO   17 INFORMANT   Mary fand 20815   Martin Silver; 2915 Greenvale St.; Chev   Yets No OR UNNOWN   (School of the color of the c	126	61647	Roth	man			Rubin	ste in
18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c).  18 PART 1. DEATH WAS CAUSE BY  PART 1. DEATH WAS CAUSE BY  PART 1. DEATH WAS CAUSE BY  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1. (c)  19 DATE OF OPERATION  19 DATE	Yes M	O OR UNKNOWN) (IE YES GIVE	WILL OR O. 1225.			Mary ;2915 Green	and 2081!	5
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTHER MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  220. I certify that (I) (this hospital) attended the deceased from  31d. WANTE AT WORK  220. I certify that (I) (this hospital) attended the deceased from  31d. Signet I  220. I certify that (I) (this hospital) attended the deceased from  31d. Signet I  220. I certify that (I) (this hospital) attended the deceased from  31d. Signet I  220. I certify that (I) (this hospital) attended the deceased from  31d. Signet I  220. I certify that (I) (this hospital) attended the deceased from  31d. Signet I  32d. DATE SIG  32d.	Av ar other rendered by a control or other rendered by a contr	use (a), stating the derlying cause lost.	(c) Onditions <u>Contributin</u>	IG TO DEATH BUT			20b. IF YES, WERE	FINDINGS USED
220.1 certify that (I) (this hospital) attended the deceased from 9/12, 19 \$2. To 9/24 19 \$2. that sow the deceased alive an 19 \$2. ond that in (my) (our) opinion death occurred an the date and hour and from the countries with the fidely life in the party of the physician Phy	show and the state of the state			TH DAY YEAR	21c. HOW INJURY OCCURR			NO [
270. I certify that (I) (this hospital) attended the deceased from		CONTRIBUTING CAUSE OF DEAT	IH HOOK FEMALE MIGHT	DAT ILAK				
M. O. ATTENDING MEDICAL STAFF 9/28/ PHYSICIAN DIRECTOR PHYSICIAN DIREC	MEDICAL  MEDICAL  MEDICAL	FEITHER NOTIFY MEDICAL EXAMINER)  INJURY OCCURRED  ULE NOT WHILE	P.M. 21e. PLACE OF INJURY	19		CITY OR TO	wh con	NTY STATE
230 BURIAL, CREMATION, REMOVAL 1211 122 1230 NAME OF CEMETERY OR CREMATORY 1236 LOCATION	MEDICAL  MED	FEITHER NOTIFY MEDICAL EXAMINER) INJURY OCCURRED  UNE NOT WHITE AT WORK  I certify that (I) (this hospital sow the deceased alive an analysis)	P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY al) attended the deceased	19 OFFICE, FARM, ETC.)  from	21f LOCATION STREET  19 20 d that in (my) (our) opinion of	-To 9/2	19 Sate and hour and fro	, that (I) (we)
236 BURIAL, CREMATION, REMOVAL TIME 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	TO CACA THE TIME COME SERVING THE TIME SERVING THE SERVING THE SERVING THE SERVING THE SERVING THE SERVING THE SERVING T	FEITHER NOTIFY MEDICAL EXAMINER) INJURY OCCURRED  THE NOTIFY HE AT WORK  AT WORK  Sow the deceased alive and the deceased alive	P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY al) attended the deceased	OFFICE, FARM, ETC.)  from	211 LOCATION STREET  19  Id that in (my) (our) opinion of the control of the cont	leath occurred on the do	19 State and hour and fro	, that (I) (we)
Burial 9/30/82 King David Memorial Gdn: Falls Church: Fairfax	hould be detoched for use as the burial-tree with the State Dept. of Health and Mental wPORTANT: If them 21 is marked or them 1 webic.	FEITHER NOTIFY MEDICAL EXAMINER) INJURY OCCURRED  USE NOT WHITE ORAL AT WORK  I certify that (I) (this hospital oral oral oral oral oral oral oral or	P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY  all) attended the deceased  yew the body after death	OFFICE, FARM ETC)  from	21t LOCATION STREET  19 30 d that in (my) (our) opinion of the physician phy	MEDICAL STAF	19 State and hour and fro	, that (I) (we)

Contract of Landend Contract The Manhange Man to the San and the San an alade of the same Design States TO BE THE REPORT OF THE PARTY OF THE PARTY OF THE PARTY.

(VRA 15, 4)

STATE OF MARYLAND

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STATE OF MARYLAND

FOR STATE REGISTRAR	DEPART		IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	2 4	207				
1. DECEASED NAME FIRST	WIGOTE		AST	20. DATE OF DEATH	MONTH DAY YEAR	R 2b HOUR				
	DERICK ROXBURY	. SR.		SEPTEMBER 2	1 1982	9:30 a N				
MALE	CAUCASIAN	5. DATE O	BER 25 1919	6 AGE LINYEARS LAST BIR	THDAY) IF UNDER 1 YE MONTHS DA					
COUNTRY)	UNITED STATES	MARRIED NEVER MARRIED			9 BALTIMORE CITY OR COUNTY OF DEATH					
BETHESDA	NAME OF HOSPITAL, NURSING IF NOT IN SUCH FACILITY, GIVE STREET NAVAL HOSPITA	ADDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O EN 2	F WORKING LIFE   INDUST	D OF BUSINESS OR RY Navy				
USUAL RESIDENCE (IF NURSING HOME OR OT 130. STATE 136 COUNTY RHODE ISLAND NEWP	13t. CITY OR TOV	VN	13d. Inside City Limits?	130 STREET ADDRESS 5cc ROLL	ING GREEN,	02840				
FREDERICK ROXE			CATHERIN	NE COLLINS		LAST				
160 WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES GIVE W YES 1939-	VAR OR QATES)		JOHN F.ROXBURY, JR., Same as 13							
18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED 2859 IMMEDIATE	BY II ERD INA	tone	frilure,	20 to proce	monia d	POXIMATE INTERVAL				
Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	(c)		Avenia ce	xcess black	tcells					
PART 2 OTHER SIGNIFICANT CO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101									
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT  YES X NO YES X NO						
21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.	AY YEAR	21c. HOW INJURY OCCUR	CCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)						
WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I		21f LOCATION STREET	CITY OR TO		STATE				
220.4 certify that (I) (this haspital saw the deceased alive and	ottended the deceased from _			, to SEPTEMB1		_, that (I) (we) lost				

DEGREE

USNR

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS NAVAL HOSPITAL, NATIONAL NAVAL BETHESDA, MD 20814

230 BURIAL CREMATION, REMOVAL

VAL 236 DATE September Rhode 25, 1982 COMPANDE ATLINGTON, VA.

LT, MC,

23: NAME OF CEMETERY OR CREMATORY Rhode Island Veteran' Cemetery

234 LOCATION SERVETER, Washington Co., STATER. I

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

should be detoched for with the Stote Dept. of I

MPORTANT: If Hem 21 is morked of Hem 18 shows

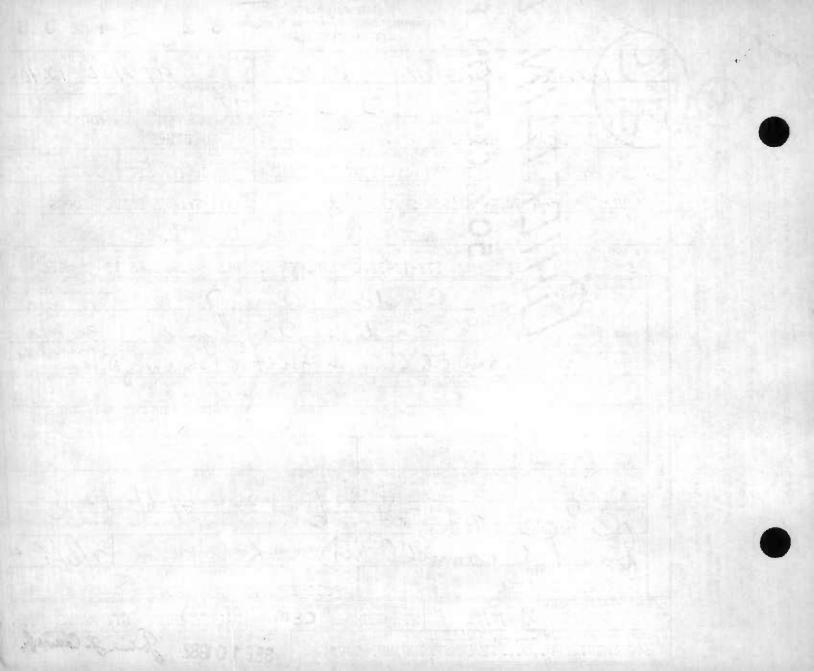
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending Health and Mental Hygiene prior to burial, cr

24. FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ISEP 27 1982

Q 92 b \ American party of the property of the population of the party therefold the side a knowled parentered While P. M. Rull - M. D. C. X.

		1					STA	TE OF MARYLAN	ND						*
		1	FOR STATE			DEI		HEALTH AND M		NE 8	2	2	4 2	0	8
X	1.		REGISTRAR				CERI	IFICATE OF DE			REG. NO.				
07	. "		CEASED NAME	FIRST	11.	MIDDLE	1	LAST		2a DATE OF	DEATH MO	NTH DA	1-2	2b. HOU	R
			Dar	na.	Ha	nsto	ord	Rule	2		9	161	82	12:4	10 N
	- ( D.III )	3. SE		7	4 RACE	- 111	5. DATI	OF BIRTH	YE AR	AGE (IN YE	ARS LAST BIRTHDA	(Y) IF	UNDER I YEAR	IF UNDER	24 HRS MIN.
_		_	MALE IRTHPLACE I STATE OR FO		CAUCAS		12	- 4	02	19		YRS.			
	6 22 365	1	COUNTRY		76. CITIZEN OF		MARR	IED XXNEVER MA	ARRIED -		E CITY OR C		FDEATH		
	* 1400	16.7	WEST VIRGI		U.S		WIDO/	OR OTHER INSTIT	ORCED		NTGOME	RУ			MD
201	4 4 1/	5	TAKOMA PARK		WASH	INGTON	ADVENT	IST HOSPI		TYPE OF WORK	CCUPATION FOR MOST OF WO		12b. KIND C INDUSTRY PERAT		SS OR
MARYLAND 21	The state of the s		MARYLAND		OTHER INSTITUTION ITY GOMERY		SPRING	1/1/	Y LIMITS?	3e STREET A	DDRESS TAHONA	DRI	VE 20	903	
RYL	erely al 2 si	14. F.	ATHER'S NAME	-	MIDDLE	LAS	51	15. MOTHER'S /			MIDDLE .			,	
	omp omp		MACK		3.	R	ULE		EDNA		Μ.		GRÔ	SE	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE,	n and c		VAS DECEASED EVER II YES NO OR UNKNOWN) YES		MED FORCES? E WAR OF DATES!  II		SECURITY NO 8-10-58	17 INFORMAN	ITA M.	RULE	ADDRESS SAME	AS	13	WIFE	
BALT	sicio spers val.		18 CAUSE OF DEATH PART I. DEATH WA	Enter an	ly ane cause pe	line far joy (	b), and ici.			-4			APPROX BETWEEN	MATE INTER	VAL DE ATH
ST.,	g phy anpo ema even				E CAUSE (a)	C	and	m	an	200			10	mi	N
NO	th ce nding carb , arr		4960	)	DUE TO, O	R AS A CON	SEQUENCE OF		0	10	1			,	
REST	dea patte pation raun		Conditions, if any, gave rise to imm		( Ib)_	(	and	ear	dry	My	ma		30	mi	n
W. PI	that the by the case rem al, crems		cause (a), stating underlying cause	the		RASACON	SEQUENCE OF	cubst	noh	ie !	Im x	uhr i	Ser	unl	15
DS, 20	signed signed hen ple ta burio	Z	PART 2 OTHER SIGN	IFICANTO	ONDITIONS C	ONTRIBUTING	G TO DEATH BU	IT NOT RELATED T	O THE TERMIN	AL DISEASE	OR CONDITI	ON GIRL	IN PART I		
Ö	w re been mit. I orior ony ir	CERTIFICATION	190 DATE OF OPERATI	ON	19b. COND	ITION FOR W	HICH OPERAT	ON WAS PERFOR	MED	20a AUTOF	SY? [20	b. IF YES, V	VERE FINDIN	IGS USED	)
IL RE	on. has has ene p	IF.								YES 🗔			NG CAUSES		H?
VII	N: T lysica cote cote nonsil Hygi	CER	21a. ACCIDENT WAS UNDE		216 TIME C		. DAY VEA	21c HOW INJU	JRY OCCURRE		- Land				
9	ICIA g ph g ph entificentifical-th	CAL	OR CONTRIBUTING CA			M. MONTI M.	H DAY YEA								
NOIS	PHYS endin this e bu d Me	MEDICAL	21d INJURY OCCURRE		21e PLACE		OFFICE FARM, ETC.)	211 LOCATION	4		CITY OR TOWN		COUNTY	SI	TATE
N.	offer frer frer frer h an b h an	~	AT WORK AT WORK				1	51/	-		_ /	11	0)		
	INDII IS A Is mo		220 I certify that	this hospit	ali ottended th	decoused t	- 1	21/	19_	, to	9/	0/ 19	0	that (1) (w	/e) lost
	ATTE Sspire SCTC d for d for m 21			d did not	yiew the body	alter death.	19	and that in my to	our) opinian de	ath accurred	an the date o	and hour o	nd Irom the	causes sta	ted
	by the hore the hore the hore detacher State Department of the hore Department of the hore detacher and it is the hore detacher and it is the hore detacher and it is the hore detacher and		Harry .	1	Cu	my	ell	DEGREE ATT	TENDING	MEDICAL DIRECTOR	STAFF PHYSICIAN		9/6	SIGNIGO	-2
	HOSPITAL ned by the FUNERAL old be det to the Store ORTANT:		220 PHYSICIAN'S NA					22e ADDRESS				- 31			
	etained by TO FUNERAL should be de with the Stot		DAVID	CROM	VELL			SILU	IER SPR	ING. M	ARYLAN	0			
		23a I	SPECIFY) DIDTAL		23b. DATE	0		CEMETERY OR CR		23d LOCAT		C.	OUNTY	UO ST	AFIO
	BP	24.5	BURIAL  JNERAL DIRECTOR F		9/9/8		ST. GE	JKGES C	EM,		Y"LEE		". MAR	yS.	MD.
	DHMH - 16 50M 1/BI (VRA 15, 4)		500 UNIV.BL				ING, MD.	20901	SEI		382	John M.	R'S SIZNA	shel	K
		-							- Ma						



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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion

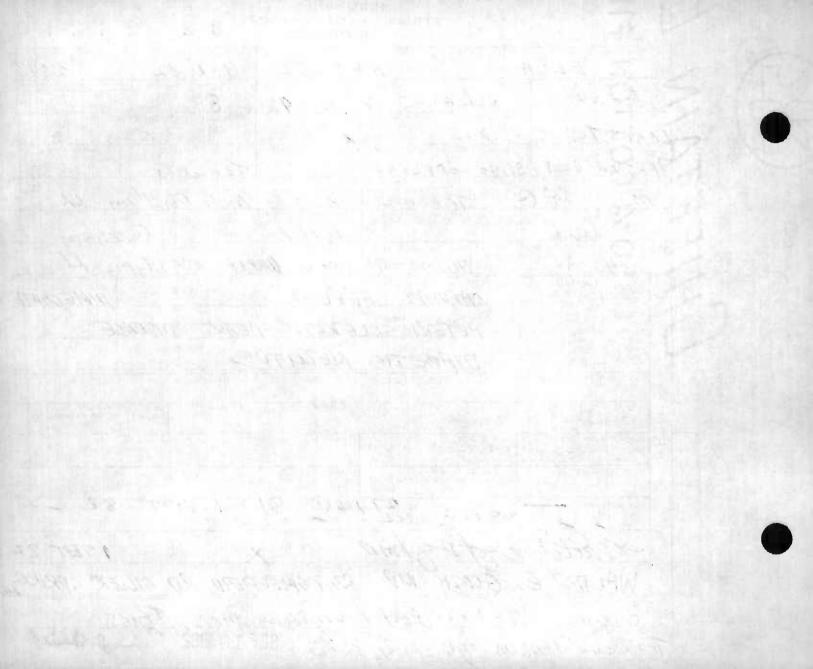
						STAT	E OF MARYLAND					
	1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG	IENE 8 2	2 4	2.	0 9	
	1. DECEASED NAME (TYPE OR PRINT) CTUCE RUS						AST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR -				
	Female			4. RACE Whit	е	Sept.	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.				
29	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) RUSSIA			U.S.A.	WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH MONTGOMERY MD.				
10	Rockville			Hebrew	HOME of	Greate	er Washington	120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MIllinery				
36	Ma	AL RESIDENCE (IF NURS TATE Tyland	13b COUN		Rockvil	/N	YES <b>XX</b> NO [	Zip Code: 20852   G121 Montrose Road				
51	Le	ster's NAME		Paslavsky			Mina Mina	(Unknown)				
	LYES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES)			166. SOCIAL SECU 083–18–24		Martin Bruce; 3701 So. George Mason Dr.;						
		18 CAUSE OF DEATH W HIP PART I. DEATH W Conditions, if ony, gove rise to imm couse (o), stotin underlying couse	AS CAUSE IMMEDIAT which nediote g the	Ď BY: E CAUSE (a)  DUE TO, OI		ence of	ble myoca	ú linbre	forchin	PROXIMATÉ II VEEN ONSET A	NTERVAL AND DEATH	
2	CERTIFICATION	PART 2 OTHER SIGN					TION WAS PERFORMED  200 AUTOPSY?  YES NO X  201. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO X					
9		OR CONTRIBUTING C	ACCIDENT WAS UNDERLYING   7 Ib. TIME OF INJURY ONTRIBUTING   CAUSE OF DEATH HOUR A.M. MONTH ITHER NOTIFY MEDICAL EXAMINER)  P.M.		M. MONTH DA	Y YEAR 19		JRRED (ENTER NATURE OF INJURY IN 11EM 18 PART 1 OR PART 2)				
4	MEDICAL	21d INJURY OCCURR	ILE [	21e. PLACE ( (AT HOME, STR	OF INJURY BET, FACTORY OFFICE F	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	1	STATE	
		27a I certify that (I) sow the decease obave, (I) (we) (d 27b. SIGNATURE	d alive on	913	0182 19		d that in (my) (aur) apinion a	death accurred on the d		the couses		
		LED. SIGNATORE	1 1	1. 0.	200		ATTENDING	ALEDICAL STA		ATE SIGNE		

should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal. IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumotic event, the DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial New Montefiore Cemetery; Pinelawn, L 10/1/82 1170 Rockville Pike; Rockville, Md. 20852 DHMH - 16 50M 1/81 (VRA 15, 4)

MEDINASON LOD PROPERTIES TO BUSINESS OF US THE

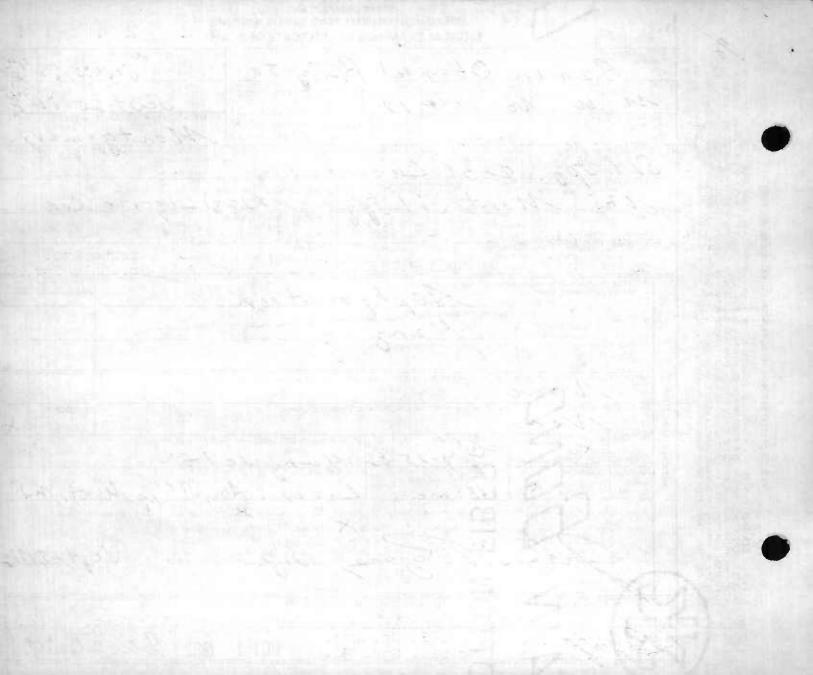
	1		STATE OF MARYLAND		
	11	FOR DEP.	ARTMENT OF HEALTH AND MENTAL HY	GIENE 8 2 2	4910
		REGISTRAR	CERTIFICATE OF DEATH	REG. NO	. 7 4 1 0
A )		ECEASED NAME FIRST MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
100		ELLA	RUSSEL	9-1-82	2:54 %
90	3. SE	FEMALE BLACE	5 DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
10	7n B	IRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUN	- 4 / 7/	89 YRS	N OF DEATH
20	P	PRI'S, TEXAS 2.15	MARRIED NEVER MARRIED WIDOWED DIVORCED		(i
(30)	10 C	ITY OR TOWN OF DEATH  1.1. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE	PRSING HOME OF OTHER INSTITUTION	120 USUAL OCCUPATION	12h KIND OF BUSINESS OR
70		AKOMA PARKASIIGO GAR	DENS	TEACHER	THE THE OWNER OF THE OWNER OWN
京工	13a.	AL RESIDENCE IF NURSING HOPE OR OTHER INSTITUTION GIVE RESIDENCE.  STATE  136. CITY OR	TOWN 1134 INSIDE CITY LIMITS?	13e STREET ADDRESS	
	14.E	ATHER'S NAME	YES NO D	1009 Chilla	in the
16	7	FIRST UNK MIDDLE LAST		WIDDIE	palasi
7 17		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL  VES. NOOR UNKNOWN)   (18 YES, GIVE WAR OR DATES)	SECURITY NO. 17 INFORMANT	ADDRESS	CON OF MA
17	-		05-8576 MAKINE QU	Kight 1009 Chri	Men Ld.
T		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b)	and ic		APPROXIMATE PATERYAL
000		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) CAROLE	C ALLEST		IMMEDIATE
4 4 4	1		EQUENCE OF		
fich		Canditions, if any, which ( 16) HETER	109CLEKOTIC	HEART DISE	TSE
1		gave rise to immediate cause (a), stating the DUE TO, OR AS A CONS	EQUENCE OF		
10		underlying couse last (c) DIAPO	ETTS MELLIT	25	
ě.	-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	/EN IN PART 110
	CERTIFICATION				
31	15	190 DATE OF OPERATION 196 CONDITION FOR WI	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
24	4 5	210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY			S NO
:4	1000	210. ACCIDENT WAS UNDERLYING	DAY YEAR THE HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 F	PART I OR PART 2)
ž /	MEDICAL	(IF EITHER, NOTIFY MEDIC ALEXAMINER) P.M.	19		
9	MED	21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE, FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
0		AT WORK AT WORK			
	1	220.1 certify that (1) (the hospital) attended the deceased fr			19 8 (we) lost
64		abave, (we) (we) (did not) view the bad after with.		death accurred an the date and hou	ir and from the causes stated
4		77 SIGNATURE OF O PO	DEGREE	MEDICAL STAFF	22c. DATE SIGNED
ž ž-	1	- water grand	PHISICIAN	DIRECTOR PHYSICIAN	1241 84
28/	1	22d PHYSICIAN'S NAME (TYPE OR PRINT)	NIV 22e ADDRESS	man an 11	I was appuly.
1 1	-	MUNER E- GOOD	141 8704 SHOKE	HEW KU SIL	NOK SPKINGHI
	23 n		234 NAME OF CEMETERY OR CREMATORY	23d LOCATION  GITY OR TOWN	COUNTY STATE
_		Byrial 19-7-82	KEST LAWN GARDEN	4 MARIS, ITA	15
A 1/B1 4)	24 F	UNERAL DIRECTOR ADDR	150 WASK, De 250 CT	BEGD BY RIGHTAR 256 RIGIST	RAR'S SIGNATURE
1	1/	Charson + JENKINS 716 AD	ENAIFfu SX. NW	1 10 1002	7



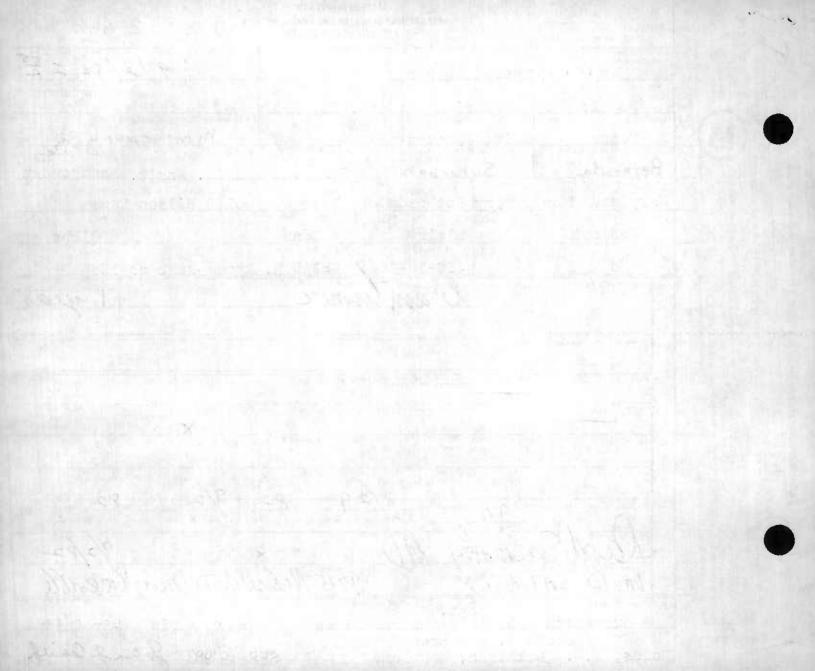
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEA REGISTRAR I. DECEASED NAME 20 DATE KNOWN MONIH (TYPE OR PRINT) OF ESTI-SEX DATE OF BIRTH IF LINDER 1 IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY) PRONOUNCED 64 DEAD TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNT 76. CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED FOREIGN COUNTRY Wash. America WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Studant SUAL RESIDENCE (IF IN YURSIN 30 STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS YES [] NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST FIRST MIDDLE Ramon Otoniel Ruiz Sr Anna Laura Cotto 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166. SOCIAL SECURITY NO. 2231 Luzerne Ave. (20910)LYES, NO. OR LINKNOWNI (IF YES, GIVE WAR OR DATES) 94 6556 No Ramon Otoniel Ruiz Sr. Sil Spr Md 50 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HEALTH AND MENTAL HYGIENE, CERMONAL CERMONAL PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSTQUENCE OF anditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION ONP ARDED TO THE CHIEF A AGE 3 SHOULD BE USED. ATE DEPARTMENT OF HE. 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 21201 PRIOR TO BURIAL, YES [ 210. EXTERNAL CAUSE WAS HOUR A.M. MONT 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC. WHILE NOT WHILE AT WORK AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy and in my apinion Suicide V Accident death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE TYBEER PRINT ADDRESS 23g BURIAL CREMATION REMOVAL 23b DATE 236 LOCATION 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE Buria] Rockville Mont Md Parklawn Cemetery 8434 Ga. Ave. **DHMH - 17** (VR A15 ME (5)) INC.Sil. Spr. Md. Pumphrev

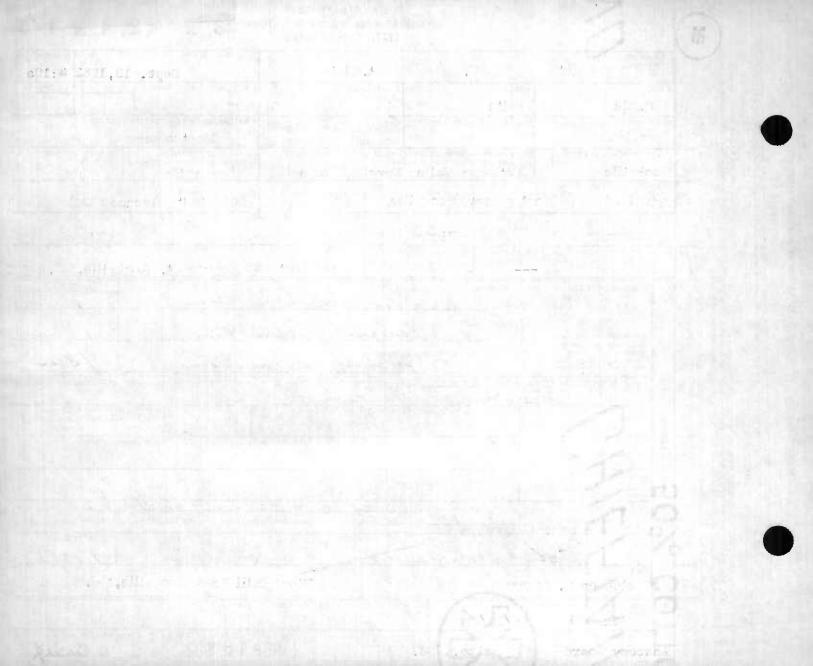
20M 4/82

STATE OF MARYLAND



STATE OF MARYLAND





V	1	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10		
		CEASED NAME FIRE OR PRINT	ST A	AIDDLE		AST	20. DATE OF DEATH		YEAR	2b HOUR
- 6			RGE ROLAND	SAFFIEI	LD		SEPTEMBER	28 1982		6:08 a
-3	3 SE	X	4 RACE		5 DATE C		6 AGE (IN YEARS LAST B	RTHDAY) IF	UNDER ! YEAR	IF UNDER 24 HRS.
1		MALE	CAUCA	SIAN		1 3 1935	47	YRS	NIHS DAYS	HOURS MIN.
$p_r$	TE B	IRTHPLACE (STATE OR FOREK	76 CITIZEN OF	WHAT COUNTRY	? B	X NEVER MARRIED	9. BALTIMORE CITY		FDEATH	
0		ARYLAND	UNITED	STATES	WIDOWE		MONTGOMER	y Co.		M
217	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSI		R OTHER INSTITUTION	12a USUAL OCCUPAT	ION	126 KIND OF	F BUSINESS OR
1		THESDA	A Company	HOSPITA			RETIRED			entex (
71	13a	AL RESIDENCE (IF NURSING H	OUT OF THE PROPERTY ON	GIVE RESIDENCE BEFOR		13d INSIDECITY LIMITS?	13e. STREET ADDRESS		9	The Co
	1	ARYLAND	MM	BALTIMO		YES X NO	25 CEDAR	HILL RO	AD	
199	14 F	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN N	AME		LAST	
4		EDWARD ROLAN	D SAFFIELD				. GARRETT		LASI	
1		VAS DECEASED EVER IN U	S. ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS		
7	YE	ES	1953-1972	212-30-	8414	MARLENE SAFE	TIELD. 25 CED	AR HTT.T.	ROAD	
		18 CAUSE OF DEATH (E)	iter only one couse per			BALTIMORE,		THE STEED		MATE INTERVAL POSET AND DEATH
		PART I. DEATH WAS C	AUSED BY: EDIATE CAUSE (6)	AXEN	CARCI	NOMA COLO			BITWEENO	NOCE AND DEATH
		1539				MOTINE CO.		12.00		
		Conditions, if any, whi		PIJLIN ON	JARY	HEPATIC, BO	NE METHE	74575	200	
		gove rise to immedia	(0)							
		underlying cause lo	st DUE TO, OR	RESI	PIR AT	RY FAILUR	E PNEUMO	NIA	16	144
		PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN	INI DART 1 in	
	O				2011	TOTAL TENTED TO THE TEN	MINAL DISEASE ON COL	DITION ONEN	II TAKI IIO	
11	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W		
1	LIFIC						YES NO	IN CERTIFYIN		OF DEATH?
1	CER	21g. ACCIDENT WAS UNDERLYI				21c. HOW INJURY OCCU			_	140
9		OR CONTRIBUTING CAUSE	OI DEMINI	M. MONTH D						
	MEDICAL	21d. INJURY OCCURRED	21e PLACE C		19	211 LOCATION				
	W	WHILE NOT WHILE E	(AT HOME, STRE	EET, FACTORY, OFFICE	FARM, ETC	STREET	CITY OR TO	)WN	COUNTY	STATE
		22a I certify that (1) (this		doopsed from	SEPTEM	BER 27 10 82	to SEPTEMB	FR 28	82	
		sow the deceased all	ve on SEPTEMB	ER 28 19		d that in (my) (our) opinion				hat (I) (we) last
		obove, (I) we) (did) (a 22b. SIGNATURE	lid not view the body	offer death.					_	
		A Ta	16/X.	mad		DEGREE RESIDENT	MEDICAL STA	_	Mr. DA	1 O-
Н		22d. PHYSICIAN'S NAME	agjan	mo	LTMIC	PHYSICIAN	DIRECTOR PHYSI	CIAN	200	082
		220. PHYSICIAN S PAME	me of of			22e ADDRESS NAVA	L HOSPITAL,	NATION	AL NAV	AL
		R, SEN, LT,	MC, USNR			MEDICAL CEN	TER. BETHES	DA. MD	20814	
		SURIAL, CREMATION, REMI				METERY OR CREMATORY		,	OUNTY	STATE
4		Dyriai	Oct. 1, 1	402 GL	en Hav	ven Mem. Park	Glen Burn	ie. A. A.	Co.Mai	ruland
		INERAL DIRECTOR		- ADDRESS		21230 250. DA	TE REC'D. BY REGISTRAR	256 REGISTRA	RSSIG	Bulk
	M	Cully Funer	al Home, 130	) E. Fort	Ave. L	Palto. Md. SE	P Z 9 1982	Da com	0.	11.4

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A DENDENDERINGSHIP CERCON PSI MONNEY ALPHAN BONE METHSTHEES KESPIKARDRY PHICES, PHICERENIA, I DAY The first was the second The contract of the contract o

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TTYPE	OR PRINT)

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

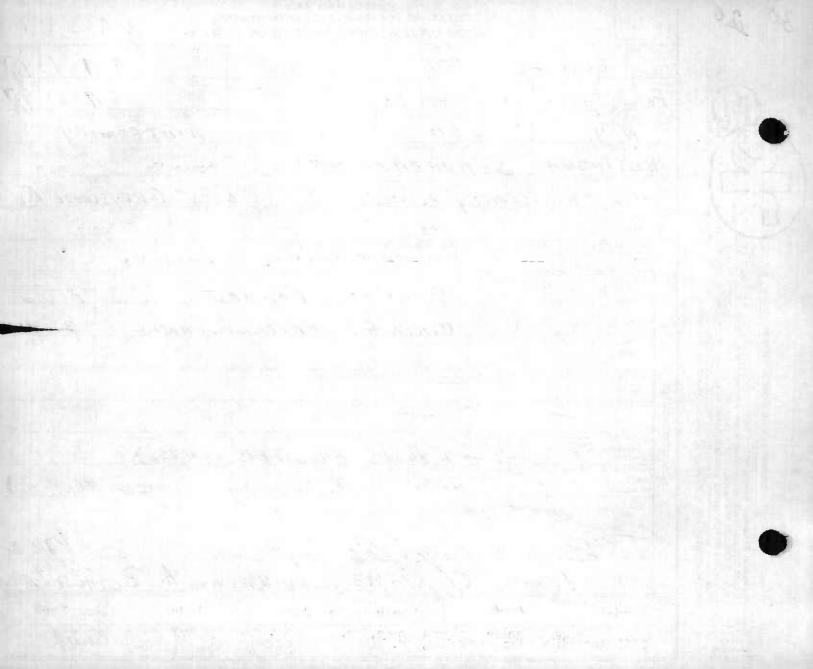
		REGISTRAR				CERTI	FICATE OF DEATH	REG. N	10.	the s	
		CEASED NAME	FIRST		MIDDLE		EAST	20. DATE OF DEATH	MONTH DAY	YEAR 2b H	OUR
	Torre	HEL	EN	J.	SANTI	ORIO	05		9-14	-82 4	5 P.M
	3 SE	X		4 RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	RTHDAY) IF U		DER 24 HRS
	F	emale		White		Feb	. 28, DAY 1898 FAR	84	YRS	THS DAYS HOUR	S MIN.
1	70. B	IRTHPLACE (STATE OR FO	DREIGN	L CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY C		DEATH	
/		reece	- 1	U.S.A		WIDOW	ED NEVER MARRIED DIVORCED	MONTGO	MERY	COUNT	TY MD
À	10 C	ITY OR TOWN OF DEAT	H	11. NAME OF	HOSPITAL, NURSIN	NG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND OF BUS	7110.
g	B	ETHESDI	A	SUBU	RBAN	Ho	SPITAL	Homemake:	C WORKING LIFE	Home	
1	USU. 13a. S	AL RESIDENCE (IF NURSIN	G HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFOR		1134 INSIDE CITY LIMITS?	124 STREET ADDRESS			
	M	laryland		gomery	Rockvil		YES NO	130 STREET ADDRESS	tching F	ost Land	<b>.</b>
1	14. FA	ATHER'S NAME		NIDDLE	LAST		15 MOTHER'S MAIDEN NA				
		Constantine	•	-	Tremoul:	is	Maria	-		Eptaki.	
1	16a V	WAS DECEASED EVER IT		MED FORCES?	166 SOCIAL SECL	JRITY NO.	17. INFORMANT	ADDR		Id Stage	
		No		-	215-38-	5619	Stanley J. Sa	intorios-	Rockvi	lle, Mar	ryland
		18 CAUSE OF DEATH PART I. DEATH WA	(Enter only	y one couse per	line for (a), (b), an		Λ			APPROXIMATE IN	ND DEATH
				CAUSE (o)		CARI	DIAC ARRE	ST		IMMe	· D
į		4100		DUE TO, OI	R AS A CONSEQUE	ENCE OF	44.7	1.10		/	
		Conditions, if ony,		(b)	Heu	Te	MYOCARDIA	AL INFAR	2710N	120	45
		couse (a), stating underlying couse			R AS A CONSEOU		- 11-00-	· A		14 4	
					RTERIUS			DISEASE		10 91	2.5
	N	DIABETE		Gene	1	DEATH BUT	TORIOSCIERO		DITION GIVEN	IN PART 110	
7	CERTIFICATION	190 DATE OF OPERATION				OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YES, W	ERE FINDINGS U	SED
1	IFIC	1131112						YES NOT		G CAUSES OF DE	ATH?
7	CERI	210. ACCIDENT WAS UNDE	RLYING	216 TIME O			21c HOW INJURY OCCUR			J -	
		OR CONTRIBUTING CA		HOUR A./	M. MONTH D	AY YEAR	100				
	MEDICAL	214 INJURY OCCURRE		21e PLACE (	OF INJURY		211 LOCATION STREET	CITY OR TO	NA 18-1	COUNTY	
	×	WHILE NOT WHILE	E -	(AT HOME STR	EET FACTORY, OFFICE F	FARM, ETC.)	ZIMEEL	CITY OR TO	WN	COUNTY	STATE
		22a I certify that (I) (t	has haspite		deceased from		9-3 ,1982		198	92, that (I	(we) lost
		sow the deceased above, (I) (we <del>) (de</del>	d olive on_		ofter death.	2 ,0	nd that in (my) ( <del>oar)</del> apinion o	death occurred on the de	ate and hour an	d from the couses	stated
		22b. SIGNATURE	1	1 7	4 2		DEGREE		1111	THE DATE SIGNE	9
		Willia	my	resol	w w	1)	ATTENDING PHYSICIAN [	MEDICAL STAI	IAN 📗	9/15/	82
		22d. PHYSICIAN'S NAM	ME (TYPE OR				22e. ADDRESS	60 2.	111	1 20	10
		WILLIAM	1 15	URST			1143 19	n St. nw	WA	sh. DC	
	23a. B	BURIAL, CREMATION, RI	EMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	cc	DUNTY	STATE
		Burial	0	9/17/8			coln Cemetery	Brentwo			
		JNERAL DIRECTOR J						P 20 1982	256 R STRAR	S SIGNATURE	:11
	27	30 Wisc.Av	e., N.	wwash	. , D. C.	20016	5	EL 90 1305	Jour	1. A Care	

DHMH - 16 50M 1/B1 (VRA 15, 4)

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				OF MARYLAND		
1-					In a	24217
		WEI		SCERTIFICATE	REG. INC	
	E OR PRINT)			LAST	2a. DATE KNOWN P	MONTH DAY YEAR 26. HOUR
						9 11 19 2 4 9 2 4
3. SE	- 4	5. DATE OF BIRTH	YEAR LAST BIRTHDAY)			MONTH DAY YEAR 2d HOUR
1		12 25			DEAD	9 11 10 2 72 M
7a. B	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WE	AAT COUNTRY?	ARRIED NEVER MAI	RRIED . 9. BALTIMORE CITY O	R COUNTY OF DEATH
	N. Y.	U				Sometry MD.
110. C	0 -1	11. NAME OF HOS (IF NOT IN SUCH FA	PITAL, NURSING HOME, OR CILITY, GIVE STREET ADDRESS)		12a USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	OF WORK 176 KIND OF BUSINESS OR INDUSTRY
1		SUB	URBAN	Hospital	Housewife	home
13a. S	AL RESIDENCE (IF IN NURSING HOME OF TATE. \(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\	OR OTHER INSTITUTION, GI	13(. CITY OR TOWN	13d INSIDE CITY LIMITS	13e. STREET ADDRESS	20817
	MD Meni	60 MERO	BETHOSE			REYSWOOD /
N .	FIRST	MIDDLE	LAST	15. MOTHER'S MA	DEN NAME MIDDLE	LAST
			Coe		h	Soper
16a. \	ES, NO, OR UNKNOWN) (IF YES, GIVE				ADDRESS	
	no =		095-28-949	Roberta S.	Laux same as l	3e
	18 CAUSE OF DEATH (Enter on	ly ane cause per line	far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			CARDIA	e F-A1	LURE	ACUTE
	17190	DUE TO, OR	AS A CONSEQUENCE OF			
-	gave rise to immediate	(b)	CORONAR	Y ARTO	RIOSCIGNOSIS	35 11:
	cause (a) stating the under- lying cause last.	DUE TO, OR	AS A CONSEQUENCE OF			
		(c)				
_	PART 2 OTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	RUT NOT RELATED TO THE TERMINAL I	DISEASE OR CONDITION GIVEN IN	PART I to .	
ě						
Z	190 DATE OF OPERATION	196 CONDIT	TION FOR WHICH OPERATIO	N WAS PERFORMED?		20. AUTOPSY?
1 1	AL EVIENNIA CAMETANIA	AIL VILLE OF				YES NO L
S				it. HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITEM 18 F	ART I OR PART 2)
CA	CONTRIBUTING CAUSE OF I		16 1952	HRRESI	ED IN 13e	<u> </u>
A S	WHILE - NOT WALLE		ORYJEARM ETC )	STREET	CITY OF SOWN	COUNTY
	AT WORK AT WORK		401118	505 UREY	SWOOD BETHE	DA MONT, MI
	00 4	- Land				
1	22a I certify that I taak charg	the remains des	cribed above, held an A	utapsy, inspec	tion . Inquiry . an	d in my apinian
		ral causes	Accident , Suicide		Undetermined manner .	d in my apinian
	death resulted from Natur					chales
				, Hamicide		DATE SIGNED 9/1/52
	ACTUAL SIGNATURE	ral causes		, Hamicide	MEDICAL EXAMINER	DATE 9/7/52
	ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)	nces (	Accident , Suicide	Hamicide TITLL SPECKY	MEDICAL EXAMINER  Wes come can Aux	DATE 9/7/52
73a.B	ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)  URIAL CREMATION REMOVAL	al couses A	Accident , Suicide	Hamicide TITLL SPECKY	MEDICAL EXAMINER  Wes come can Avi  1738 LOCATION	DATE SIGNED 9/1/82 BETHESDAMO
1	ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)  URIAL, CREMATION, REMOVAL 2  SPECIAL DIVINAL ACTUAL SIGNATURE SPECIAL STREAM SPECIAL STREAM SPECIAL	36. DATE 9/20/82	Suicident Suicid	ADDRESS OF CEMENTORY OF CEMENTS	MEDICAL EXAMINER  Wes our car Avi  23d LOCATION CITY OF TET TIME	DATE SIGNED 205 4 MB
1	ACTUAL SIGNATURE  EXAMINER'S NAME (TYPE OR PRINT)  URIAL CREMATION REMOVAL	36. DATE 9/20/82	Suicident Suicid	ADDRESS OF CEMENTORY OF CEMENTS	MEDICAL EXAMINER  Wes out out Avi  73d LOCATION CITY OF TETMITA  E REC'D. BY REGISTRAP 75b. REGI	DATE SIGNED 205 4 MB
	1. DE (TY) 3. SE3 7a. B FC 10. C	3. SEX  1. RACE  To. BIRTHPLACE (STATE OR FOREIGN COUNTRY).  10. CITY OR TOWN OF DEATH  SUAL RESIDENCE (IF IN NURSING HOME OR 130. STATE  13. STATE  14. FATHER'S NAME  Myron  16. WAS DECEASED EVER IN U.S. AR. (IF VES. NO. OR UNKNOWN)  18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE!  Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS  19. DATE OF OPERATION  19. DATE OF OPERATION  21. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF IT 21. INJURY OCCURRED  WHILE NOT WHILE WAS UNDERLYING WHILE PART OF OPERATION  WHILE NOT WHILE PART OF OPERATION	TO STATE REGISTRAR  I. DECEASED NAME (TYPE OR PRINT)  BLANCHE  3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY 12. 25  76. BIRTHPLACE (STATE OR FOREIGN COUNTRY).  10. CITY OR TOWN OF DEATH 11. NAME OF HOS (IF NOT IN SUCH FA  SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, OF 136. STATE 136. STATE (YES, NO, OR UNKNOWN) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 18. CAUSE OF DEATH (Enter only one cause per line PART I DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one cause per line PART 1 DEATH WAS CAUSED BY: 190. DUE TO, OR  Conditions, if any, which gave rise to immediate (b) Couse (a) storing the under- lying cause lost.  190. DATE OF OPERATION 190. DOT TIME OF HOUR A.M CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH  210. INJURY OCCURRED WHILE NOT WHILE  110. STATE  111. NAME OF HOS (IF YES, GIVE WAR OR DATES)  112. CAUSE OF DEATH HOUR A.M 210. TIME OF HOUR A.M 211. INJURY OCCURRED 212. PLACE C STREET, FACT STREET, F	DEPARTMENT OF HEAM STATE REGISTRAR  1. DECEASED NAME (TYPE OR PRINT)  BLANCHE  3. SEX  4. RACE  5. DATE OF BIRTH MONTH DAY YEAR 1. STATE PRINTING POREION COUNTY  10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR FIRST  MIDDLE  136. STATE 136. STATE 136. CUTY 136. STATE 136. COUNTY 136. STATE 136. COUNTY 137. CITY OR TOWN 14. FATHER'S NAME PRIST MYTON  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 17. DEATH WAS CAUSED BY: WMAEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under- lying couse lost.  196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATIC  197. CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH 198. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATIC 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 210. FIRST 199. DATE OF OPERATION 210. FIRST 210.	TO STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL MEDICAL EXAMINER'S CERTIFICATE  1. DECEASED NAME FIRST MIDDLE LAST  OF A PREST MIDDLE LAST  3. SEX 4. RACE S. DATE OF BIRTH MONTH DAY YEAR LAST BRITHDAY MONTHS DAYS HOURS  76. BIRTHPLACE (STATE OR FOREGIN COUNTRY) FOREGIN COUNTRY)  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (# NOT IN SUCH FACHITY, OWE STREET ADDRESS)  134. STATE  135. COUNTY 136. COUNTY 136. COUNTY 137. CITY OR TOWN 138. STATE 138. COUNTY 139. STATE 139. COUNTY 130. CITY OR TOWN 130. STATE 130. COUNTY 130. CITY OR TOWN 131. FATHER'S NAME MY TON  14. FATHER'S NAME MY TON  150. CITY OR TOWN 161. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN)  162. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY:  Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause lost.  PART 2 OTNER SIGNIFICANT CONDITIONS CONTEIRUTION FOR WHICH OPERATION WAS PERFORMED?  176. EXTERNAL CAUSE WAS 177. INFORMANT 177. INFORMANT 177. INFORMANT 178. INFORMANT 178. INFORMANT 179. OR DATH (Enter only one cause per line for (a), (b), and (c), b) PART 2 OTNER SIGNIFICANT CONDITIONS CONTEIRUTION FOR WHICH OPERATION WAS PERFORMED?  178. CAUSE OF OPERATION 179. CONDITION FOR WHICH OPERATION WAS PERFORMED? 179. DATE OF OPERATION 179. CONDITION FOR WHICH OPERATION WAS PERFORMED? 179. CONDITION FOR WHICH OPERATION WAS PERFORMED? 179. CAUSE OF OPERATION 179. TIME SIGNIFICANT CONDITIONS CONTEIRUTION FOR WHICH OPERATION WAS PERFORMED? 179. CAUSE OF OPERATION 179. CONDITION FOR WHICH OPERATION WAS PERFORMED? 179. CAUSE OF OPERATION 179. CAUSE OF INJURY 179. CAUSE OF INJURY 179. CATHORIC CAUSE OF INJURY (CATHORE.) 179. CATHORIC CAUSE OF INJURY (CATHORE.) 179. CATHORIC CAUSE OF	DEPARTMENT OF HEALTH AND MENTAL HYGIENE,  REGISTRA  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REGISTRA  DECEASED NAME  (TYPE OR PERMIT)  J. SEX  RACE  J. DATE OF BIRTH  MONITH  J. STANCE  J. STANCE  J. DATE OF BIRTH  MONITH  J. STANCE  J. STANCE  J. DATE OF BIRTH  MONITH  J. MONITH OF MO



White Jan. W. 1982 60 o Called Could be some the state of the Very land ... Ceorge College Park x 200 Save-Langua Road Albert J. dayer, Sr. Catherine C. Gottarn To-29-03-William (Hundrich F. Scott de (Hundrich) Come es 113 .S. de los martis 

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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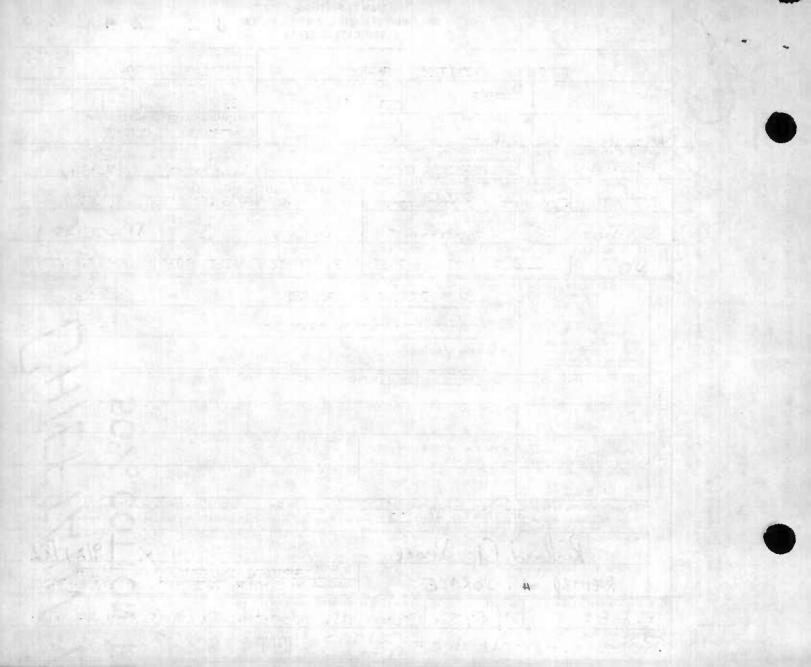
		FOR STATE REGISTRAR	DEPARTN	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 2	4221
(A		CEASED NAME FIRST	OLINE A.	SEIDLE	26. DATE OF DEATH MONTH DA	ZB HOUR
7	3. SE	FEMALE	CAUCASIONS	5. DATE OF BIRTH  MONTH DAY  OCT. 16,1897		FUNDERTYEAR IF UNDER 24 HRS DNIHS DATS HOURS MIN.
6		RTHPLACE (STATE OR FOREIGN COUNTRY) DE LAWARE	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED XXX DIVORCED	9 BALTIMORE CITY OR COUNTY OF MONTGOMERY	
0		ROCKVILLE	-42	THERAN HOME	120 USUAL OCCUPATION  ITYPE OF WORK FOR MOST OF WORKING LIFE)  CLERK	126 KIND OF BUSINESS OR INDUSTRY STOREROOM
0	USU 13a.	STATE No COUR	CASTLE WILMINGT	1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 20 - GLENRIDGE	E AVENUE
123	14 F.	ATHER'S NAME FIRST HENRY	MIDDLE WITT	CAROLINE	MIDDLE SCHAL	NBLE LAST
3		WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV NO	MED FORCES? 166 SOCIAL SECUR VE WAR OR DATES) 221–18–66		ADDRESS  RD REICHARD - NLII	-ROCKVILLE, MD
<i>P</i> 1	ATION	Conditions, if any, which gave rise to immediate couse (a. stating the underlying cause last.		NCE OF  EATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	
2	CERTIFICATION			OPERATION WAS PERFORMED	YES NO XX YES	
1	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER		Y YEAR  19  216 HOW INJURY OCCUR  216 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	PT 1 OR PART 2)
	WE		tal) attended the deceased from	JAN 5 , 19 78	city of town  SEPT . 10	282 , that (I) (we) last and from the causes stated
7			MAS DOOLEY	27e ADDRESS 2901- OLN	STAFF DIRECTOR PHYSICIAN	RD.,OLNEY,MD.
		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL JNERAL DIRECTOR		AME OF CEMETERY OR CREMATORY RACE LAWN MEM.PARK	23d LOCATION CITYOR TOWN NEW CAS	
			,INC 1300-NS	r., NW WASH., DC	21100-0	

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- 0	REGISTRAR			CERTIFICATE OF D	DEATH	REG. N	10.		
	1. DECEASED NAME	FIRST	MIDDLE	LAST		20. DATE OF DEATH		AY YEAR	1:30 <sup>P</sup>
3/00	(TIPE OKPRINT)	JAMES	WILLIAM	SHAFFER	6-1-1		27, 19		M
96 4 m	MALE MALE	4. F	WHITE	S. DATE OF BIRTH  AUGUST 31, 1	1947 1947	6. AGE (IN YEARS LAST B		ONTHS DAYS	HOURS MIN.
O 60	. BIRTHPLACE (STATE	OR FOREIGN 7b.	CITIZEN OF WHAT COUNTRY	MARRIED NEVER	MARRIED -	9. BALTIMORE CITY			The leaves
deort Le	Washingt		USA	WIDOWED DI	NORCED -	MONTGOME			MD
s offer by the t	BETHESDA		NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE THE CLINICAL (	T ADDRESS)	TITUTION	120 USUAL OCCUPATION OF WORK FOR MOST	OF WORKING LIFE		F BUSINESS OR
n 24 hour	SUAL RESIDENCE (# P 130. STATE MARYLAND	IN COUNTY	PRINCETON GIVE RESIDENCE BEFORE	RICK YES	ио 🔀	13. STREET ADDRESS 6025 DAWN		(20678	8)
ompletely ond 2 st	14 FATHER'S NAME	n Emior	5haffe	15. MOTHER'S	S MAIDEN HAN	5 MIDDLE		10135	500
n ond co	160 WAS DECEASED EN					HAFFER (WI		AME AS	ABOVE
rsicior vol	18 CAUSE OF DE	ATH (Enter only o	ne cause per line for (a), (b), a						MATE INTERVAL
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death ce ottendin nove corb otton, or i			DIFFUSE H	JENCE OF	ZMDHOMZ			10 Mg	
	Conditions, if a	immediate	(b)		INCOM.			IO PO	
by the	underlying co	oting the ouse lost.	DUE TO, OR AS A CONSEQU	JENCE OF					
ires thu gned b in pleo buriol, iry, or c		IGNIFICANT CON	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMI	NAL DISEASE OR CO	NDITION GIVE	N IN PART 110	ים
3 2 4 5 5 E	NO								
he low re ion. hos been if permit. I iene prior	190. DATE OF OPE	RATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFO	DRMED	200 AUTOPSY?		WERE FINDING CAUSES	
IYSICIAN: The ding physicions of certificate buriol-transit Mental Hygie	OR CONTRACTOR	CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D.P.M.	DAY YEAR	NJURY OCCURR	ED (ENTER NATURE OF INJ	FURY IN ITEM 18 PA	ART 1 OR PART 2)	
PHYSI thending the buri	21d. INJURY OCC	URRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) 211 LOCATK	ON	CITY OR I	OWN	COUNTY	STATE
NDINC of or of the control of the co	AI WORK - AI	WORK	ettended the deceased from EPTEMBER 27	AUGUST 9,	19_82	. to SEPTEM	A STATE OF A		that_(we) lost
ATTE ospite CTO d for n 21	above; th/w	eosed olive on e) (did) ( <del>did not)</del> v	iew the body ofter death.		r(our) opinion o	leath occurred on the	date and hour		
y the horal OR tall DIRE detoched of Dept of the Mr. If her	22b. SIGNATURE	Richard	1 a. Soras	4		MEDICAL ST.	AFF	9/2	7/82
TO HOSPITAL retained by the TO FUNERAL should be detained to with the State MAPORTANT:		SNAME STYPE OR PR	· SORACE	CLINIC	NAT'LONA	L INSTITUTER, BETHE	TES OF SDA, MA	HEALTH RYLAND	20205
PP	230 BURIAL, CREMATIC	ON, REMOVAL	23b. DATE 236 9 69/82 5	NAME OF CEMETERY OR	CREMATORY Card	23d LOCATION CITY OF TOWN	rirks	COUNTY	W214
DHMH - 16 50M 4/82 (VRA 15, 4)	21 EUNERAL DIRECTO		ral Homeobress	CHINGS	MOT	4 1982	R 254 REGIST	RAR'S SIGNAT	welk

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8



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2	1.	FOR STATE REGISTRAR		DE	PARTMENT OF H CERTIF	EALTH AND M		0 4	2 3. NO.	4 2	2 4
7		CEASED NAME	FIRST	WIDDLE		AST		2a. DATE OF DEA	H MONTH	DAY YEAR	2b. HOUR
96		Th	naddeus	L	Sha	rkey		9/15/8	2		9:35p M
	3. SE		4. RACE		5. DATE (		YEAR	6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
(3)		Male	Whi		1	5	°04	78	YRS		
138	7a. B	RTHPLACE (STATE OR FO	DREIGN 76. CITIZE	USA	MARRIE WIDOWE	D XXNEVER M	ARRIED  ORCED	9 BALTIMORE CI Montgo		Y OF DEATH	MD.
The wift		ITY OR TOWN OF DEA Bethesda	TH 11. NAM	E OF HOSPITAL, N IN SUCH FACILITY, GIV Suburban	NURSING HOME ( E STREET ADDRESS) Hospital	OR OTHER INSTI		120. USUAL OCCU (TYPE OF WORK FOR A Engineer	PATION OST OF WORKING LI	FE) INDUSTRY	F BUSINESS OR
shauld be	13a.	AL RESIDENCE (IF NURSING STATE)  ATYland  ATHER'S NAME	Montgome  Montgome	Chev	E BEFORE ADMISSION)	13d. INSIDE CIT YES 🛣	Y LIMITS? NO 🗌	3503 RE			
ond 2		James	MIDDLE		narkey	Ma	Jrst y	MIDE	DDRESS	Talc	ott
. Pages medica	100 V	VAS DECEASED EVER I YES, NO OR UNKNOWN) YES	(IF YES GIVE WAR OR DA	TESI	L SECURITY NO. 05-3289	17 INFORMAN		Sharkey			
ending physic carbanpape n, ar remaval. matic event, th		18. CAUSE OF DEATH PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAUSE		ISEQUENCE OF	our our	the				MATE INTERVAL DISSET AND DEATH
gned by the att in please remay burial, crematic iy, ar ather frau		Canditians, if ony, gave rise ta imm cause (a), stating underlying cause  PART 2. OTHER SIGN	the lost.	(b)	austro	Journal NOT RELATED 1	TO THE TERM	INAL DISEASE OR (	disa condition GIV	3 S	years
nsit permit. The sygnene priar ta shaws any inju	CERTIFICATION	19a. DATE OF OPERAT	19b C	ONDITION FOR V	WHICH OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	IN CERTIF	S, WERE FINDIN FYING CAUSES	
certificate vial-transit ental Hygin lem 18 sh		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	AUSE OF DEATH HOL	IME OF INJURY JR A.M. MONT P.M.	H DAY YEAR	21c. HOW INJ	URY OCCURR	ED (ENTER NATURE O	FINJURY IN ITEM 18, (	PART 1 OR PART 2)	
ة ≥ ه	MEDICAL	21d INJURY OCCURRI	E (AT HO	LACE OF INJURY OME, STREET, FACTORY, (	OFFICE, FARM, ETC.)	211. LOCATIO	N	CITY	OR TOWN	COUNTY	STATE
s th											
TOR: After the for use as the after the after the after the after and 21 is marked		220.1 certify the	d alive as	15	10 12	nd that in (my) (	, 19 aur) opinian o	, to	he date and hau	19	tha 1) ve Jost
DIRECTOR: ached far us Dept. af He If Item 21 is		220.1 certify the	1	15	19 12,01	EGREE	aur) opinian o		STAFF	or and fram the	
for us of He 21 is		saw the decease obove, (1) (we) (di	d alive as	15	19 12,01	PEGREE AT PI 22e ADDRESS	TENDING	MEDICAL	STAFF		

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maineer Consultant Harineering Jan Synond Street T. T. aw II . Sympletic amended a control of the stance of the s and the water with the transport which ship of instant will Burial 9/18/82 Parking Cemetery Pugicille, Mc.

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1	FOR STATE REGISTRAR	- STATE								
deorth deorth	1. DECEASED NAME (TYPE OR PRINT)	ROBERT	MIDDL	PAUL	SHARPE		20 DATE OF DEAT		DAY YEAR 82	26 HOUR 4:24A
ir ctor, p	3. SEX		RACE W		May 12	1914 XXXX	6. AGE (IN YEARS LAS	YRS.	IF UNDER 1 YEAR	HOURS A
關紹	76. BIRTHPLACE (STATE) MISSOURI			S.A.	MARRIED NEVE WIDOWED X HOME OR OTHER II	DIVORCED	9 BALTIMORE CIT	JERV		
1160	SILVER SP	KING	9322 00	CALA ST.	ORESS)	NSTITUTION	ELECTRIC	ATION	12b. KIND O INDUSTRY IBEW	F BUSINESS
190	MD MD	MONTGO		LLVER SP	RING YES X	E CITY LIMITS?	9322 OCA	LA ST.		
omplete 1 and 2	14. FATHER'S NAME ROBERT	WIDD	LEE	SHARPE	NO	RAH RAH	MIDDI		нивв	
s. Pages e medico	(YES, NO OR UNNOWN)	ER IN U.S. ARMED	0.000.00000	SOCIAL SECURI 17-32-21			GHTER AD GAFOOSE LA	DR幣15 EN NSING,K		)
n signed by the Then pleose ren r to buriol, crem injury, or other i		oting the lost	(c)	A CONSEQUEN		TED TO THE TERM	MINAL DISEASE OR C	ONDITION GIVI	EN IN PART 110	
hos bee if permit.	19a. DATE OF OPER	RATION	196 CONDITION	N FOR WHICH O	PERATION WAS PER	FORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	GS USED OF DEATH?
certificate rial-transitement 18 sh	OR CONTRIBUTION	CAUSE OF DEATH	21b. TIME OF IN. HOUR A.M. P.M.	JURY MONTH DAY	YEAR 19	INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18 P	ART 1 OR PART 2)	
fter this os the bu th ond M orked or	(IF EITHER NOTIFY MILE NOTIFY	JRRED  WHILE   WORK	21e PLACE OF IN	NJURY ACTORY, OFFICE FARE	M, ETC.)		CITY C	RTOWN	COUNTY	STATI
e nospirol of DIRECTOR: A sched for use Dept. of Heol I Item 21 is m.	220.1 <b>certify</b> that saw the dece obove, (1) (we		8-19	10 8	2. ond that in (n		deoth occurred on th			
FUNERAL old be defended by the Stote ORTANT: I	The PHYSICIAN'S	Converted to State		an	22e ADDF	RESS	DIRECTOR PHY	TAFF SICIAN [	19/	7/82
0.0	23a. BURIAL, CREMATION		3b. DATE	23c. NA	ME OF CEMETERY C		23d. LOCATION	ETHESDA	COUNTY	STAT
BP	BURIA		9/8/82	GA	TE OF HEA	UFN	SILVER	CDDTAIC	MON	JT

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	5322 OCYLA ST.		SITNEE STRING	VATROUTER	91
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(VRA 15, 4)

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FOR - STATE STATE OF MARYLAND

CERTIFICATE OF DEATH

	REGISTRAR				CERTIFIC	TEATE OF PEATIT	REG. N	0.		
	PE OR PRINTI	FIRST	4	MIDDLE S/	hell	ey	2ª DATE OF DEATH	MONTH DI	5/82	26. HOUR 60/201
3. SI	EX		4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
	Female		Whi	ite	Sep		75	YRS.	ONTHS DATS	HOURS MIN.
7a. E	SIRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	RCOUNTY	OF DEATH	
0	New York		USA	A	WIDOW		Mont	gomer	V	M
V	ITY OR TOWN OF DEA		145 - 150 - 110 - 110			OR OTHER INSTITUTION	120 USUAL OCCUPAT	ON	12h KIND O	E BUSINESS OF
	Silver S			Ly Cross		pital	Teacher	(Ret	NDUSTRY SC	chool
13a N	JAL RESIDENCE HE NURS STATE IEW York	NP COUN	OTHER INSTITUTION. TY CNOWN	New Yor	k ADMISSION)	13d. INSIDE CITY LIMITS?	13e. SIREET ADDRESS 310 Wes	t 86t	h Str	eet
14. F	ATHER'S NAME		AIDDLE	LAST		15 MOTHER'S MAIDEN NA				
1	Moses	^	MODIE	Brody	r	Nadia	WIDDLE		Bri	ck
16a	WAS DECEASED EVER		MED FORCES?	16b SOCIAL SECU		17. INFORMANT	ands.	SS	0733	JE PARA.
-	NO			098-32-8	POTO	11000 1000	01005			
	18 CAUSE OF DEAT PART I, DEATH W	'AS CAUSED	y ane cause per ) BY: E CAUSE (a)	line fal (a), (b), and	al	CAPUSION		Sin.	BETWEEN	MATE INTERVAL ONSET AND DEATH
	7 7 3		DUE TO, O	R AS A CONSEQUE	NCE OF	93 mb 7 CA	mains	11		
	Canditians, if any, gave rise to imm	nediate	(b)_		16/1	15/11/12 00	TELL POOL	7		
	underlying cause	0	DUE TO, OI	R AS A CONSEQUE	NCE OF	Grenal Co	raison	4.	May	
z	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	O
ATIO	19g DATE OF OPERAT	ION	19h COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	120h IE VEC	WERE FINDIN	ICC LICED
CERTIFICATION			1,000,00		O' EKATIO	WASTERIORNED	YES NO		ING CAUSES	
	OR CONTRIBUTING		21b. TIME O	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	LY IN ITEM IB PAP	RT 1 OR PART 2)	
CAI	(IF EITHER NOTIFY MEDIC		P.,	м,	19	4 3 7 7 8 7 7				
MEDICAL	214 INJURY OCCURE		21e. PLACE	OF INJURY REET, FACTORY, OFFICE FA	ARM ETC 1	21f LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
1	AT WORK AT WO	RK				961	0 -	20	Ca	
	22a.1 certify that (1)		al) attended the	e deceased fram_		. 19	, ta	3 , 10	980	that (U (we) last
1	saw the decease abave, (1) (werte	d alive an	view the bady	ofter death.	, ar	nd that in (my) (our) apinian	death accurred an the de	ite and haur	and fram the	causes stated
3	22b. SIGNATURE	10 be	ul 1	how	VN	ATTENDING PHYSICIAN	MEDICAL STAI	F IAN	171 DATE	SIGNED S
	22d. PHYSICIAN'S N					22e. ADDRESS	)	01	OBL	11
	ROB	ERT K	RAMER,	M.D.		8630 F	ENTON ST.	+ 8,6	1114	1100

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

23b. DATE

9-29-82

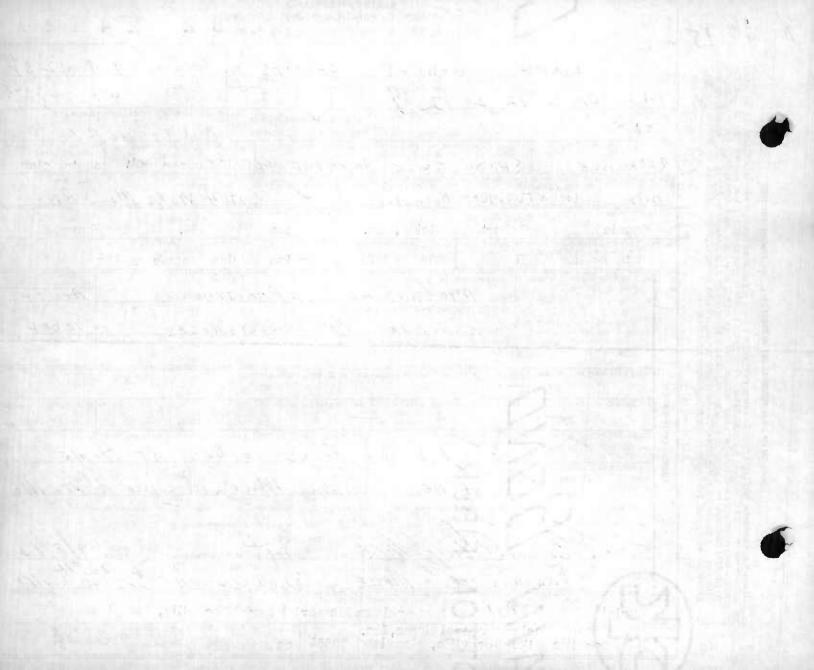
230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23c. NAME OF CEMETERY OR CREMATORY

Riverside Cemetery Rochelle Park, New York Rockville, Md. 250 Date Rec'd. By Brand Rockville Pike

Danzańsky-Goldberg Chapels; 1170 Rockville Pike

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE OF REGISTRAR DECEASED NAME KNOWN MONTH 2a. DATE (TYPE OR PRINT) OF ESTI-DEATH MATED LONNIE DATE DAY PRONOUNCED 20 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Kentucky USA DIVORCED WIDOWED SITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b KIND OF BUSINESS OR INDUSTRY Golf Course Supt: dountry club ADVONTIST 20851 13b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MONTGOMER NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Shields. Sr. Lena Sherron Lonnie Robert M. 166 SOCIAL SECURITY NO 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 274 03 2706 Bernice Shields yes same as 13e CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY JAMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which ARTERIOSCUPROSIS gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GETH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NO A 210. EXTERNAL CAUSE WAS 216 TIME OF JUSTURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART I OR PART POR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21E LOCATION AT WORK AT WHILE HO MB PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 22a. I certify that I took charge of the remains described above, held on death resulted from Notural causes Homicide Undetermined monner EXAMINER'S NAME TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b DATE Parklawn Memorial Park Rockville, Maryland 9/11/82 Burial BP 1331 Rockville Pike Rockville, Maryland 20851 DHMH - 17 (VR A15 ME (5)) 20M 4/B2



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  TO HOSPITAL OR ATTENDING PHYSICIAN, The low requires that the death certificate be executed within 24 hours offer the other contenting physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicial and complete, filled in by the plants should be detached for use as the buriol-transit permit. Then please remove corban popers: Fager 1 and 2 should be trind—in with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.
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1.	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 2	2 4 2 3 1
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Julia	L.	Silvestro	9	5 82 11:45
3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 74 HRS
1 0	FEMALE	WHITE	~~SEPT.25, 189		
9 10 81	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	TY OF DEATH
10 C	NEW YORK	U.S.A.	HOME OR OTHER INSTITUTION		RRY CO. MI
0	ROCKVILLE	NATIONAL LUT	H. HOME	(TYPE OF WORK FOR MOST OF WORKING U.S.GOVT.	INDUSTRY  INSPECTOR
5 130. 5	VIRGINIA COUN	OTHER INSTITUTION, GIVE RESIDENCE BÉFORE A NTY 13¢ CITY OR TOWN ARLINGT	1 13d INSIDE CITY LIMIT		STREET
14 FA		MIDDLE LAST	15. MOTHER'S MAIDEN	MIDDLE	1AST
160. V	VAS DECEASED EVER IN U.S. AR		MARGAR	ADDRESS	SPAHN
5	YES NOOPUNKNOWN) (IF YES, GIV	091-14-71	Commence of the Commence of th	CHARD REICHARD- NI	U PVCOIMTUR DI
7	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for 10.16 and	mumpio	OTAL THEOTAGE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		E CAUSE (o)	munque		MONTHS
		DUE TO, OR AS A CONSEQUEN	NCE OF		
	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUEN	ACE OF		
. Z	PART 2. OTHER SIGNIFICANT (	ONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION G	IVEN IN PART 110
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \( \text{VO.} \)
1.0	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	1	YEAR 19	CURRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
MEDICAL	2 Id INJURY OCCURRED  WHILE NOT WHILE AL WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAI	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a.l certify that (I) (this hospi sow the deceased slippon.		June 1/1, 19	71 , to Sept. 5, nion death occupied on the date and ha	, 19_82, that (I) (we) lost
	22h SIGNATURE	Cooley MI	DEGREE ATTENDIN PHYSICIA	IG & MEDICAL STAFF	22c. DATE SIGNED Sept. 5, 1982
I	DE. TH	OMAS DOLEY	22e ADDRESS 2901-0I	LNEY-SANDY SPRING	RD. OLNEY. MD.
23a. E	SURIAL, CREMATION, REMOVAL	23b. DATE 23c NA	ME OF CEMETERY OR CREMATO		
	BURIAL	SEPT.9,1982 CO	LUMBIA GARDENS		VIRGINIA STATE
24 FU	INERAL DIRECTOR HYSONG FUNERAL	HOME - 1300- N S	250.	DATE REC'D. BY REGISTRAR 256 JEGIS	STRAR'S SIGNATURE

STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1.	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	dia i	in the state
И		CEASED NAME FIRST		MIDDLE	l	AST	20. DATE OF DEATH MONTH	H DAY YEAR	26 HOUR
Ы	(HIPE		izabeth	Larew	Slayt	on	Sep/	1085	1.3157
	3. <63	( )	4. RACE /		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEA	
٦		Female .	Caucas	ian	Jan.	3, 1889 YEAR	93	YRS MONTHS DAYS	5 HOURS MIN.
1	H BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.		9 BALTIMORE CITY OR CO		
4	Wes	st Virginia	United	States	WIDOWE	D NEVER MARRIED	maditago	nsRy 1	County, MD.
2	_	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND	OF BUSINESS OR
		ethesda	Subur	ban Hospi	tal		Homemaker	Hom	
Z	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	ITY	13c CITY OR TOW	N	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS	) Lee	20050)
1		ryland Montg	omery	Rockvill	e	YES X NO	303 Adclare F	Dad (	20850)
1	14. FA	FIRST	WIDDLE	LAST		Josephine	WIDDLE	36111	IAST
			dward	Larew		_	ADDRESS	Miller	
/	19		MED FORCES? E WAR OR DATES)	166 SOCIAL SECUI		17. INFORMANT	ADDRESS43	307 Millw	ood Road
Н	No	0		Not Avai	lable	Clarence H.	Slayton, Jr.Mt		
	1=>	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per	line for 101 (b), and	100	1101		BETWEE	OXIMATE INTERVAL
			E CAUSE (o)	NER	1/40	5/5		2/1	nonshs
		4409	DUE TO, O	R ASA CONSELLUE	NCE OF	ocalan.	0.50	1	11100
		Conditions, if any, which	(6)	HRIE	1	OSCIPRO	3/5	1	101117
		gave rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF			/	
		underlying couse lost	(c)_						
	~ 1	PART 2. OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART	lioi
	01					WHAT THE PARTY OF			
1	CERTIFICATION	1% DATE OF OPERATION	1% COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		IF YES, WERE FIND CERTIFYING CAUSE	
1	TIE			No. of Contract of			YES NO	YES 🗌	NO 🗌
7	8	214. ACCIDENT WAS UNDERLYING.	TIN TIME O	FINJURY M. MONTH DA	Y YEAR	714 HOW INJURY OCCURE	RED ( (NITH NATURE OF INITIAL OR	IN IS PART I DEPART 25	
7	CAL	OF CONTRIBUTING CALLE OF DEA	alle in the second		19				
	MEDICAL	214 INJURY OCCURRED	21s. PLACE	OF INJURY	ter etc.	TH LOCATION	CITY OF TOWN	/ COUNTY	STATE
	2	WHILE D NOT WHILE D	TAT POINT ST	SECTION CONTRACTOR	1	100, 100	111 -1	10	
		22n.1 certify that (I) (this heap)	tal) attauged th	e decembed from_	197	1K/h 10/90	11/10 9/19	1/2	, that (I) (we) last
		saw the receased alive on above 1 (waited) (did no	7//	0/80		nd that in (my) com opinion	death occurred og helson an	housend from the	he couses stated
		22% SIGNATURE	1	. 1	1	REGREE	1	774. DA7	ESIGNED
	-	1,003	Mul	NY	MI	PHYSICIAN X	DIRECTOR PHYSICIAN	5 9	110/12
1		224 PHISICIAN'S NAME (TYPE O	RPBINT)	Y /.	1/0	220 ADDRESS	0.100	0 71	1 00 IN
		1100	WAK	0 6/1	6K	DOOM MICHE	100 They PA	1 my	24/1/
		URIAL, CREMATION, REMOVAL	23b. DATE 9	ept. 23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOCATION	a VfWbir	nia STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbangaper. It with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal IMPORTANT: If them 21 is marked or them 18 strows any injury, or ather traumatic event, the material and the strows of them 21 is marked or them.

Cremation 10,1982 Metropolitan C

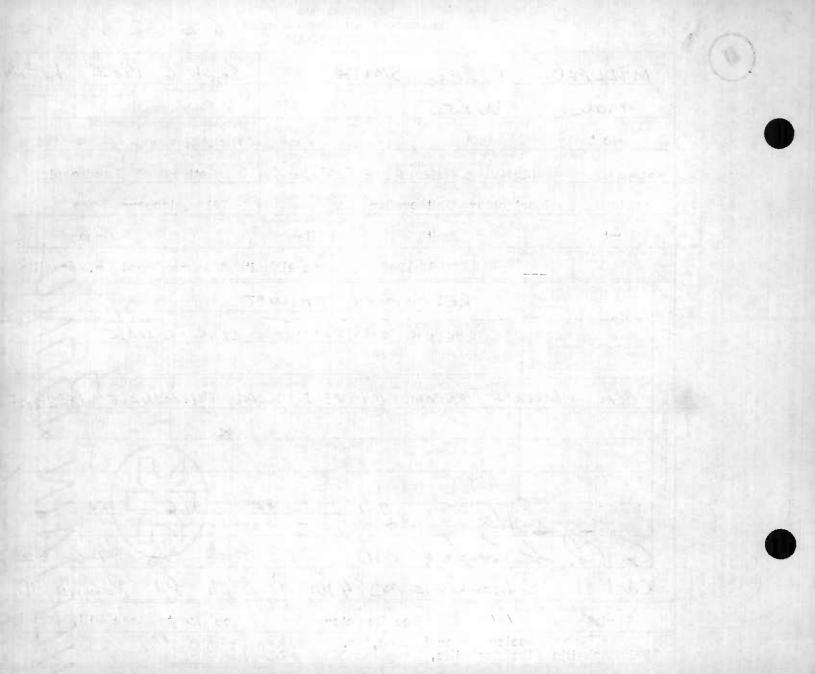
74 FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL HOMES,
P.A., ROCKVILLE, MARYLAND

SEP 1 5 1982

BY REGISTRAR'S SIGNATURE

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Service Services			
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3		1	1 -	FOR STATE REGISTRAR			DEP	ARTMENT OF	E OF MARYL HEALTH AND FICATE OF I	MENTAL HYG	IENE 8	2	2 4	2 3 3
(	4)	Me	I. DE	CEASED NAME ORPRINTI	FIRST	F.	WIDDLE	SM	IAST ITH		20 DATE OF D	, ,	1982	12 12 RM
4	s off		3. SE	Male		1 RACE	lita.	5. DATE	OF BIRTH	1909	6 AGE (IN YEA 72	RS LAST BIRTHDAY	MONTHS DAYS	
oth. Pog	72 hour	e de		RTHPLACE (STATE OR FO		76 CITIZEN OF	WHAT COUN	TRY? 8. MARRII WIDOW	DE NEVER	MARRIED T		CITY OR CO	UNTY OF DEATH	
201 urs ofter de	by the fun filed withir	23	R	TY OR TOWN OF DEA	н	SHALL	HOSPITAL, NE	URSING HOME STREET ADDRESS)			120 USUAL OF	GOMEN EQUPATION OR MOST OF WORK etired	126 KIND	OF BUSINESS OR Scaping
LAND 21	y filled in should be	35	13a. S	aryland	3b. COUN	other institution ITY ontgome	13c CITY OR	town hersbur		NO 🗌		DDRESS 5 Spice	berry Lar	ie
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	-	FOR STATE REGISTRAR		MI		T OF HEALTH	MARYLAND 1 AND MENTAL CERTIFICATE		2	NO.2	4 2	3 4
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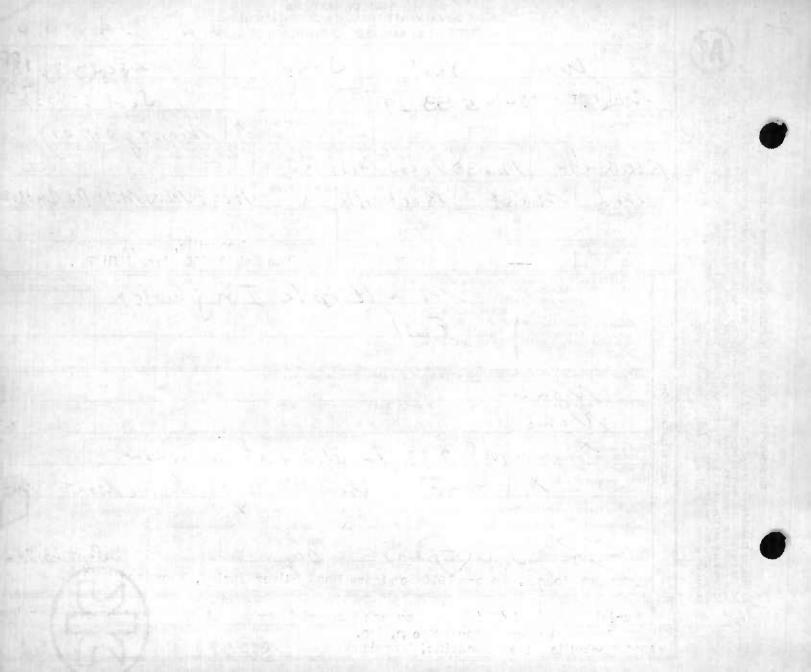
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN TYPE OR PRINT) OF ESTI-IS NECESSARY, PLEASE . SEX 4. RACE DATE THE FUNERAL DIRE AGE 5 FOR YOUR FILED, WITHIN 72 H LAST BIRTHD AY PRONOUNCED 9 DEAD (STATE OR 9. BALTIMORE CITY OF COUNTY 7a BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY Ohio U.S.A. WIDOWED TO DIVORCED 201 W ID CITY OR TOWN OF DEATH BE FILED, 11 NAME OF HOSPITAL NURSING HOME OR OTHER KIND OF BUSINESS OR INDUSTRY Ret'd Teacher Education 20878 13n STATE 13d. INSIDE CITY LIMITS? DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FORM PN. MIDDLE MIDDLE FIRST Ada Ellsworth Baker Taylor Lyman BURIAL - TRANSIT PERMIT. PAGES I AN AND MENTAL HYGIENE, DIVISION OF ATION, OR REMOVAL. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 7. INFORMAN 12012 Suffolk Terrace, Jeanne E. Snodgrass/Gaithersburg, Md. 20878 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF BURIAL-TRANSIT Conditions, if ony, which yrs gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last CREMATION, PART 2 OTHER SIGNUFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to USED AS A B CERTIFICATION 020 OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, one FORWARDED TO THE COR: PAGE 3 SHOULD BE THE STATE DEPARTMENT 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 0 HOUR A.M. MONTH DAY YEAR UNDERLYING PAGE 4 SHOULD BE FORWARDED TO TO FUNERAL DIRECTOR: PAGE 3 SHOU AFTER DEATH, WITH THE STATE DEPART BALTIMORE, MARYLAND, 21201 PRIOR. CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK NOT WHILE AT WORK 22s. I certify that I took charge all the remains described above, held an Autopsy Inquiry and in my apinion Natural causes death resulted from: Accident Hamicide Undetermined manner Suicide TITLE (SPECIFY) ACTU A MEDICAL EXAMINER John S. Rogers, M.D. Seminary Rd., Silver Spring, Md. ADDRESS. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE COUNTY Lee's Crematory D.C. Crematory Washington. 256 REGISTRAR'S SIGNATURE 316 E. Diamond Avenue **DHMH - 17** Gaithersburg. Md. 20877 (VR A15 ME (5)) Gartner Sandison F.H.

20M 4 /82

STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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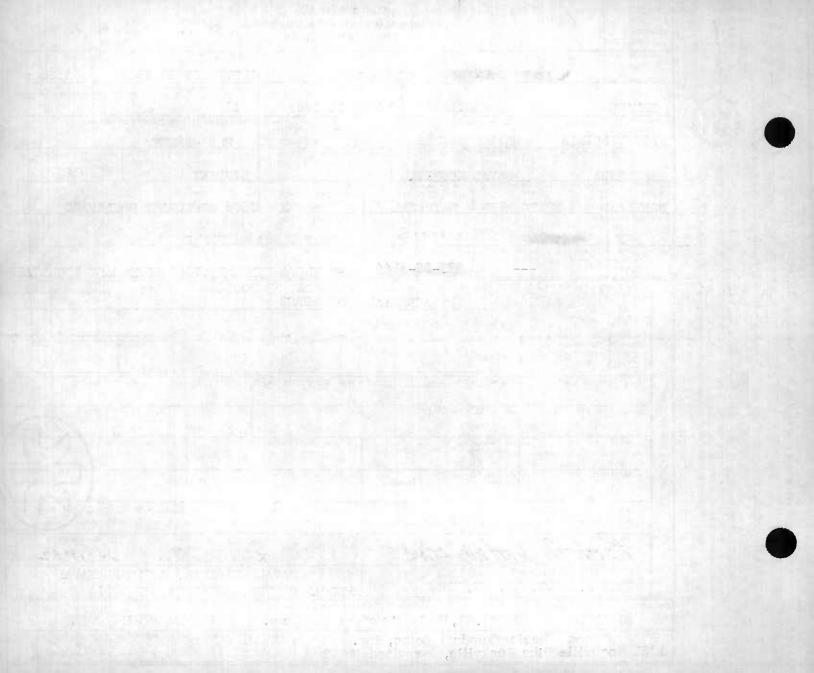
	- STATE REGISTRAR				CERTII	FICATE OF DEATH	REG. N	O.	4	2 9 0		
	I DECEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR		
		HEATI	HER S'AN	INER S	TROF	IMER	SEPTEMBER	24 1982		1:00 DM		
	3. SEX		4 RACE			OF BIRTH	6 AGE   IN YEARS LAST BIR		JNDER I YEAR			
	FEMALE		CAUCA	ASIAN	MAR	CH 13 1969	13	YRS	Ins DATS	HOURS MIN.		
70. BIRTHPLACE (STATE OF FOREIGN			76 CITIZEN OF	WHAT COUNTRY?	8	V	9 BALTIMORE CITY		DEATH			
)	WEST VIRGI	NIA	UNITE	STATES	WIDOWI	ED NEVER MARRIED X	MONTGOM	CDV		MD.		
	10 CITY OR TOWN OF		II. NAME OF	HOSPITAL, NURSIN	IG HOME (	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ION		OF BUSINESS OR		
1	BETHESDA			H FACILITY, GIVE STREET			(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUS					
_	JUSUAL RESIDENCE (IF N		OTHER INSTITUTION		ADMISSION)		STUDENT		DOTT	5011		
-	130 STATE	13b COUN		13c. CITY OR TOW		13d INSIDE CITY LIMITS?	13e STREET ADDRESS					
	MARYLAND  14. FATHER'S NAME	I MON	<b>IGOMERY</b>	BETHESI	)A	YES NO X	7505 DEMOC	RACY BO	ULEVA	.RD		
^	FIRST		WIDDIE	LAST	,	FIRST	MIDDLE		LA	ST		
1	JOHN			MACIAC		MARY ELENA						
	160 WAS DECEASED EV (YES NO OR UNKNOWN)		IVE WAR OR DATES)			17 INFORMANT	ADDRESS					
	NO	<u>'</u>	577-98-5144			MARY ELENA STROHMER, 7505 DEMOCRACY BOUL						
	18 CAUSE OF DE PART 1. DEATH			line for (o), (b), one	dico	BETHESDA, MD	20034		APPROX BETWEEN	I ONSET AND DEATH		
	PARTI. DEATH		TE CAUSE (a)	INTRACR	ANIAL	HEMORRHAGE						
	1430	4329 DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, if ony, which ( (b)											
	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF											
underlying couse lost.												
	PART 2. OTHER SI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	NO						WINE DISERBE ON COTA	Dillion Giver				
	DO DATE OF OPEN	RATION	196 CONDITION FOR WHICH OPERATION			N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	20b. IF YES, WERE FINDINGS USED			
	JĀ.								YING CAUSES OF DEATH?			
-	21g. ACCIDENT WAS	UNDERLYING [	21b. TIME OF INJURY			21c. HOW INJURY OCCURE	AL.	YES [	A-de	NO []		
	00.000,000,000,000	00.000.000.000.00		M. MONTH DA	Y YEAR		(EM)EN MATORE OF MOO	THE THE THE	0"1 A" 2)			
	2	(IF EITHER NOTIFY MEDICAL EXAMINER)		P.M. 21e PLACE OF INJURY		211. LOCATION						
	WHILE IN NOT	WHILE	(AT HOME, STREET FACTORY OFFICE, FARM ETC.)			STREET CITY OR TOWN COUNTY			STATE			
	AT WORK AL	AT WORK AT WORK										
	220.1 certify that	220.1 certify that (I) (this hospital) ottended the deceased from SEPTEMBER 23, 19.82 , to SEPTEMBER 24, 19.82 , that (I) (we) last										
		sow the deceased alive on <u>SEPTEMBER_24</u> 19_82, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.										
	22b SIGNATURE	DEGREE	22c. DATE SIGNED									
	1000	Det U scott hu				ATTENDING PHYSICIAN	MEDICAL STAI	IAN .	24 SE	EP82		
	22d. PHYSICIAN'S	22d. PHYSICIAN'S NAME (TYPE OR PRINT)					L HOSPITAL, NATIONAL NAVAL					
	BRETT A	.SCOTT	LT, MC	, USNR		MEDICAL CENTE						
_	23a BURIAL CREMATIO	N REMOVAL			IAME OF C	EMETERY OR CREMATORY	23d LOCATION	A, PID Z	2014			
	SPECIF BURIA	I.				f Heaven Cem.		R SPRIN	MIT MIT	STATE		
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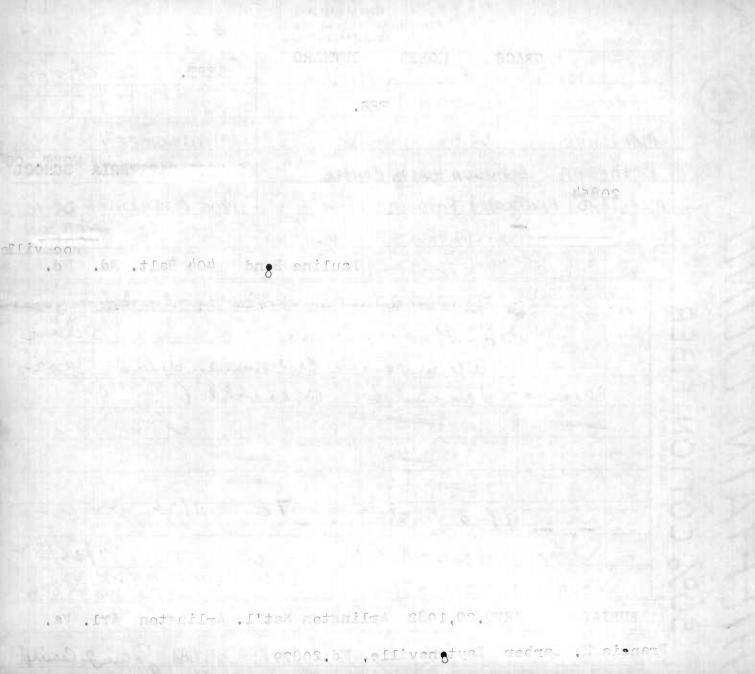
1331 Rockville Pike Rockville, Maryland 20852

DHMH - 16 50M 1/81 (VRA 15, 4)

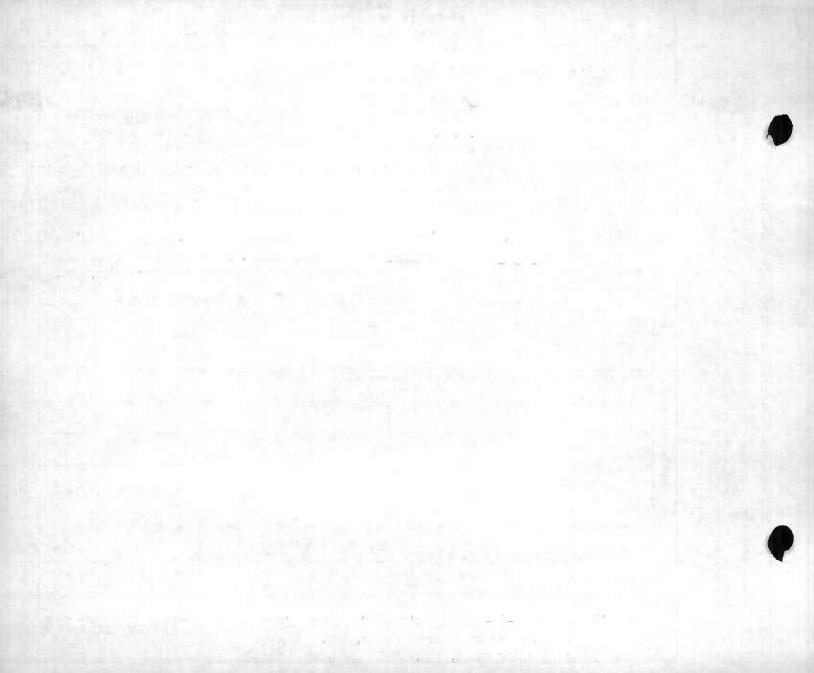
TO FUNERAL DIRECTOR:

IMPORTANT: If Hem 21 is marked



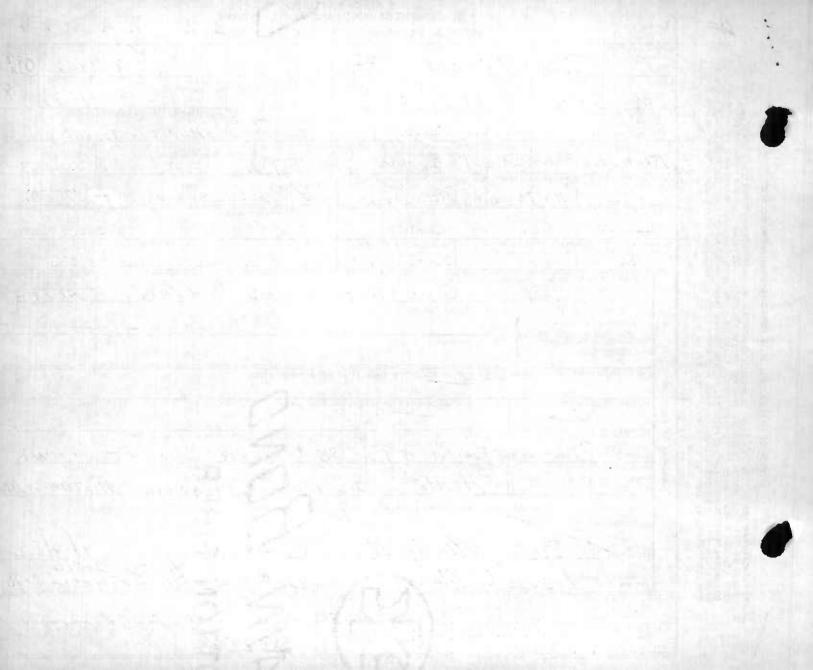


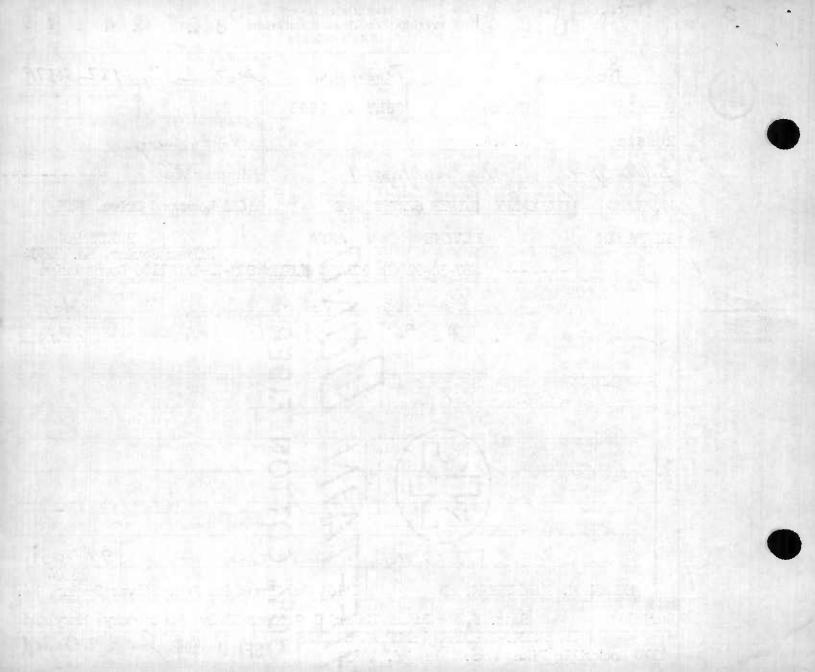
6	1,	FOR STATE	r			MARYLAND I AND MENTAL I	HYGIENE,	2 4	0 4	->
		REGISTRAR	WEI	DICAL EXAMI	NER'S	CERTIFICATE	OF DEATH A REC	3. NO.	has and	
		PE OR PRINT)		MIDDLE		LAST	26. DATE KNOW	N MONTH	DAY YEAR	2b. HOUR
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25 75	ra E	SIRTHPLACE (STATE OR	76. CITIZEN OF WH	HAT COUNTRY?	8. MAPP	ED NEVER MARE	9. BALTIMORE CI	TY OR COUNTY	OF DEATH	
954		Maryland	U.S	S. A.	WIDOW		1.6.4	GOMET	RY	AAD
2 H H H H H	-	ITY OR TOWN OF DEATH		PITAL, NURSING HOA		ER INSTITUTION	12a USUAL OCCUPATION	TYPE OF WORK	26 KIND OF BUS OR INDUSTR	INESS
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507982	13a	AL RESIDENCE (IF IN NURSING HOME STATE 13b. COU	OR OTHER INSTITUTION, GIV	130 CITY OR TOWN	SION)	13d. INSIDE CITY LIMITS?				
2	7	MD MON	TGOMERY	GETIMANI		YES NO		RYSTAI	1 Rock	Du
D. 2.	14. F	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAID			LAST	
S S S S S S S S S S S S S S S S S S S		William		vester		Anne	T.	S	mith	
AOR NO	16a.	WAS DECEASED EVER IN U.S. AI	RMED FORCES?	16b. SOCIAL SECUR		17. INFORMANT	ADD	RESS	THIELE	
URS AFTEI URS AFTEI 3. GIVE PA WITH FO PAGES I PAGES I		No	t→ tw ←	218-66-	7983	Anne Sylv	ester Adams 8	304 Bowi	e Road	00=0
		18 CAUSE OF DEATH (Enter o	inly one couse per line	for (o), (b), and (c).)				Rockville	APPROXIMATE I	NIERVAL.
N ST PA HO ONG ERM!		PART I DEATH WAS CAUSI	ED BY: ATE CAUSE (o)	AS	PMYX	1A -	ARGON	GAS	BETWEEN ONSET	AND DEATH
0 4 = 3 = 0		7257	DUE TO, OR	AS A CONSEQUENCE	OF					OXMATE INTERVAL IN ONSET AND DEATH
W. PREST D WITHIN FENCIL IN AMINER A AMINER FITRANSII E-TRANSII FENCIL		Conditions, if any, which		DE	PRES	SION				
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S, 301 ECUTEI FI IN P AL EXA BURIAL IN, OR			(c)						72-31	
OA B A A A	z	PART 2 DINER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH B	OUT NOT RELATED TO THE TE	RMINAL DISEASI	OR CONDITION GIVEN IN PA	ART 1 (a).			
RECORI ULD BE E "PENDIN EF MEDIC ED AS A HEALTH CREMATI	CERTIFICATION	19a. DATE OF OPERATION	Tigh CONDIT	ION FOR WHICH OP	DATIONING	AS DERECORAS DO			T	
Z 00 = 2 L 1	1 2		178. CONDII	ON FOR WHICH OF	RATION W	AS PERFORMED!			2B. AUTOPSY?	
OF VITA ATE SHOTHER CHILD BE UP BE U	E	21g. EXTERNAL CAUSE WAS	21b. TIME OF	INITIPY	T216 H/	OW INTURY OCCURR	ED (ENTER NATURE OF INJURY IN ITE		YES 🗌	NO J
		UNDERLYING FOR	HOUR A.M.	MONTH DAY YE	JR.		0	.M 18 PART 1 OR PART	2)	
BIVISION S CERTIFIC STITING TH SDED TO E B S MOUL PRIOPER	MEDICAL	CONTRIBUTING CAUSE OF	DEATH ? P.M.	OF INJURY (AT HOME,		CATION	6/15			
DIVISION SERVISION SERVICE SER	×	WHILE NOT WHILE		ORY, FARM, ETC.)	S	TREET	CITYOR TOWN	COUN	ALYTH .	STATE
THIS WAR WAR PAGE		AT WORK AT WORK	1 77	OME	191	69 CRYSTA	Flick BOBR	MANTOWN,	MONT	1416
FOR: D, 2		22a. I certify that I took char	ge of the remains desc		Autop		n L. Inquiry L.	ond in my opin	nion	
EXAMINE CERTIFICA JLD BE FO DIRECTOR		death resulted from:	urol coures,	Accident	vicide 🛭	. Homicide .	Undetermined monner	_],		
CER CER WILL		ACTUAL	(2)	11.11	0	TITLE (SPECIFY)		DATE	6/12/	122
RAI PAR	+	SIGNATURE	ensoli	regul	M	D. Dyt	MEDICAL EXAMINER	DATE	1/13/	-
TO MEDICAL EXECUTE THE PAGE 4 SHOWER A AFER DEATH	Name of Street	EXAMINER'S NAME	NOIS C	MAYL	6	10000 8200 W	Iscouran Ave	Beray	20814	es de
PAG PAG PAFTE BALL	23a.B	URIAL, CREMATION, REMOVAL	23h, DATE	23c. NAME OF C	METERY O	R CREMATORY	23d. LOCATION			
	(	Cremation	9-14-82			Crematory	CITY OR TOWN	COUNT	Y STAT	TE
DHMH-17 20M 1/73	24. F		n Wheelerss]					REGISTRARIS SI	CHATURE	
(VR A15 ME (5))	1	331 Rockville Pil	TO DOC!:11	rungral filo	ine, It	SEF	50,1985		7	
		TOURVILLE PIR	E ROCKAIII	. Ma. 208	02	1 00.				



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN D OF ESTI-LEE 4 RACE AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED DEAD 23 YRS S-BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland United States WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Auto Body Helper 13c. CITY OR TOWN 13d. INSIDE COT LIMITS? 13e, STREET ADDRESS 1136 COUNTY 202 SPKING Avenue (20850) ROCKUILLE NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Luther Tanner Evelyn VonVodenstien 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 220-74-3736 Luther E. Tanner, same as #13 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY: WOUND HEAN ACU TE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO Q 210. EXTERNAL CAUSE WAS 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING 216. LOCATION CONTRIBUTING CAUSE OF DEATH STREET, FACYORY, FARM, ETCL AT WORK NOT WHILE GE 4 SHOULD BE 1000000 FEUNERAL DIRECTOR: PAGE ME 270 I certify that I took charge of the remains described above, held an and in my apinion Hamicide Undetermined manner death resulted fram TITLE (SPECIFY) EXAMINER'S NAME Gate of Heaven Cem. BP. 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral **DHMH - 17** Homes, P.A. Bethesda, Maryland (VR A15 ME (5))

20M 4/82



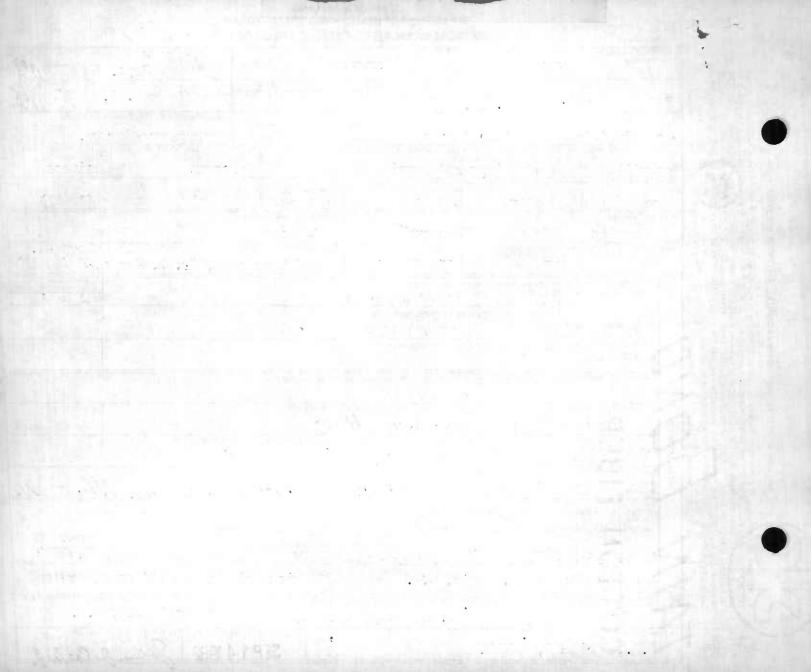


DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR DECEASED NAME FIRST KNOWN 2b HOUR (TYPE OR PRINT) OF ESTI DEATH MATED 9 Francis 1982 1000 Tet.low AGE (IN YEARS | IF UNDER 1 YR. 2d. HOUR IF LINDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 49 CA VC. 30 33 DEAD 1982 1000 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED U.S.A. Washingbon D.C. DIVORCED WIDOWED MONT GOMER 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS OR INDUSTRY Carpentar RETAIN PA Rickville USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS DAYTON Montgomery GROEN 5236 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST late Arthur Emma Dayton 21036 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO DIVISION PAGES YES. GIVE WAR OR DATES) Mrs Sharmaine Tetlow 5236 GreenbridgeRD Yes Korean CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY IN FARETION ALUTE MYOCARD DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL - TRANSIT Conditions, if ony, which ARTERIOSCLEROSIS INDET gove rise to immediate couse (o) stoting the under-DUÉ TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE US DEPARTMENT OF 31 PRIOR TO BURIA YES T 216 EXTERNAL CAUSEWAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH HOR UNDERLYING FOUND CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED TIE PLACE OF INJURY (AT HOME. 211 LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC. NOT WHILE AT WORK AT WORK ANNSIGWAU 220 I certify that I took charge of the remains described above, held on Inspection death resulted from Homicide \_\_\_\_ Undetermined monner TITLE (SPECIFY) 23c. NAME OF CEMETERY OR CREMATORY Burial 13,1982 Linthicum Chapel Clarksville, Howard, Maryland Sept 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH - 17** Harry H Witzke 4112 ColumbiaRd Ellicott City (VR A15 ME (5)) 20M 4/82

.A.E.U .U.G magniffank Total Carporate Carporate Company Mariel Sage 13,1862 Digities Charel Clark Ill. Monarth Notyloss Harris H A ... to 122 Columbial Militabeth Clay | 188 print

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE . - STATE REGISTRAR DECEASED NAME O. DATE KNOWN LTYPE OR PRINT) OF ESTI-DEATH MATED Sept. Thackston Edward 1982 SEX 4 RACE IF UNDER 24 HRS DATE PRONOUNCED Male Cauca. Sept. 10,1895 86 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED West Virginia United States Montgomery County, WIDOWEDXX DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126. KIND OF BUSINESS Salesman OR INDUSTRY Collingswood Nursing Home Rockville Business WAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY Y LIMITS? 130 STREET ADDRESS 6013 Walton Road 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN (20817) Bethesda Marvland Montgomery YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Charles Thackston Romaine Mahan Cole 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRES 6013 Walton Rd. Son Edward Thackston, Jr. Bethesda, Md (20817) WWI 579 44 6008 Yes CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: PNEUMONIA WKS MAMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which RACTURES gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) SANILIT 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? FRACTURED YES NOXX 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED TIE PLACE OF INJURY THE LOCATION AT WORK AT WHILE MEDICAL CENTER U VCHIMIRIC INSI 27s. I certify that I took charge of the reg and in my apinian Hamicide Undetermined manner September TITLE (SPECIFY) 7, 1982 Deputy MEDICAL EXAMINER EXAMINER'S NAME Francis C. Mayle, 8200 Wisconsin Avenue Bethesda, Maryland 236. BURIAL CREMATION, REMOVAL 236. DATE Sept. 23c. NAME OF CEMETERY OR CREMATORY STATE Washingtoff, D.C. 8,1982 Rock Creek Cemetery 24. FUNERAL DIRECTOR ROBERT A. PUMPHREY FUNERAL HOMES. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** P.A. BETHESDA, MARYLAND (VR A15 ME (51)



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X	1-	STATE REGISTRAR		DEF		CATE OF DEAT		O Z REG.	NO. 1	4 4	2 4
poge 3 •		CEASED NAME FIRST OR PRINT) PAUL	M	DDLE	Thoni	23 1	ξX 2α.	DATE OF DEATH	MONTH G	DAY / YEAR / 82	1055 1055
ector, po	3 SE)	MALE	WHIT	E	5. DATE C	PARTH / SE	2	GE (IN YEARS LAST	YRS	MONTHS DAYS	HOURS MAN
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ond 2 s		MARK	ANTO			RUH	DEN NAME	MIDDLE TH	OMAS	BXXXX	XXXXXX
s. Pages		VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? E WAR OR DATES)	NON	E SECURITY NO.	CAL BOU	WSER	SAME AS	DRESS	GRANDF	ATHER
rmit. Then please remove prior to burial, crematil, sany injury, or other tra	CERTIFICATION	gove rise to immediate couse IDI, stofting the underlying couse lost  PART 2. OTHER SIGNIFICANT (	(c) CONDITIONS <u>CO</u>	NTRIBUTIN		NOT RELATED TO TH		DISEASE OR CO	20b. IF Y	IVEN IN PART I(	NGS USED
entol Hygiene Item 18 shows		21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEA  (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M	MONT	H DAY YEAR	21c. HOW INJURY		ES NO	) )	res 🗌	но 🗌
olth and Me morked or I	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK		ET, FACTORY, O	OFFICE, FARM, ETC.)	21f. LOCATION STREET		CITY OR	TOWN	COUNTY	STATE
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should be det with the Stote IMPORTANT:		72d. PHYSICIAN'S NAME (TYPEO NICHOLAS		IS A	10.	9045 J		GROVE	C7.	GAITVE	ess. ud.
- + 3 ≥	(	BURIAL, CREMATION, REMOVAL BURIAL	9/30		GATE (	EMETERY OR CREMA		SILVER S	PRING	COUNTY	STATE MO.
OM 7/77		INERAL DIRECTOR FRANCT				901	DO PATE RE	C'D. BY 1982R	AR 256/REGI	STRAR'S SIGNA	theigh

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500 UNIV.BLVD..W..SILVER SPRING.MD. 20901

(VR A 15 (4))

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V		REGISTRAR				ICATE OF DEATH	REG. NO		
oy be oge 3 deoth		CEASED NAME FIRST	ANDREW	N.		PSON.	August 3		5:00PM
pog pog	3 SE		4 RACE	21.	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS
1000		Male	Whit		09	27°02 YEAR	79	YRS	AYS HOURS MIN
O COX	9	RTHPLACE (STATE OR FOREIGN OUNTRY)	US.		9 8 MARRIEI WIDOWE	NEVER MARRIED	Montgome	R COUNTY OF DEAT	A AD
\Signature	and the second	ITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURS	ING HOME C	PROTHER INSTITUTION	120 USUAL OCCUPATI	ON 126 KIN F WORKING LIFE) INDUS	ND OF BUSINESS OR
201	/ TISH	Olney	Montg	omery	Gener	al Hospita	Retired		
NND 21	130 S Ma	AL RESIDENCE   IF NURSING HOME OF STATE   136 COU!	gomery	Sil. Sp	wn g•	13d. INSIDE CITY LIMITS?	3544 Chist	vick Court	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA  NG PHYSICIAN: The low requires that the death certificate of of the conficuency of the order of the physician. After this certificate has been signed by the attending physic os the burial-stronsit permit. Then please remove corban pope th and Mental Hygiene prior to burial, cremation, ar removal orked at them 18 shows any injury, ar other traumatic event, it		18. CAUSE OF DEATH lEnter or PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gove rise to immediate cause look stating the underlying cause lost  PART OTHER SIGNIFICANT	DUE TO, OR  DUE TO, OR  DUE TO, OR  (c)	AS A CONSECU	CLE AL UENCE OF UENCE OF	artery de	AINAL DISEASE OR CON	5	PROXIMATE INTERVAL  REN ONSET AND DEATH  CLOUD  RT 1(0)
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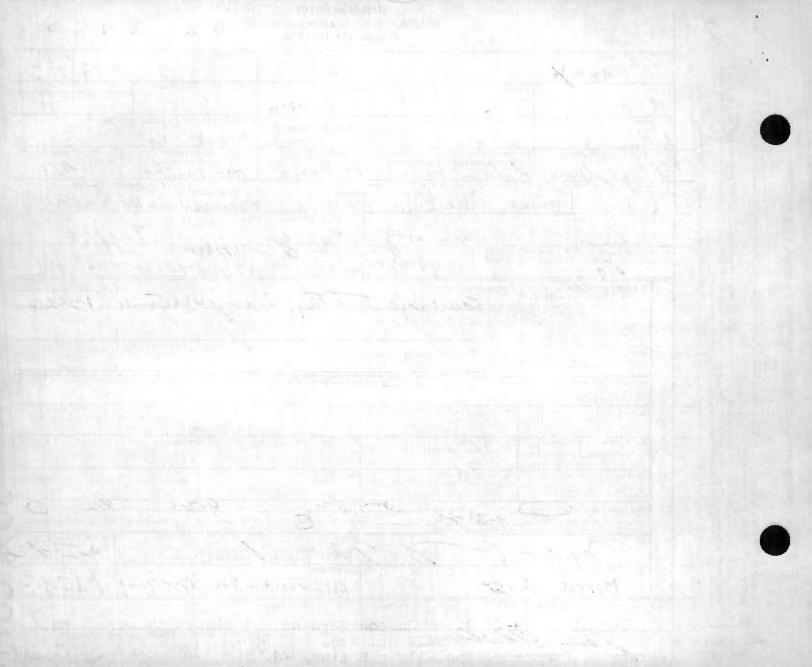
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Page 7	B	ETHESDA	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI NAVAL HOSPITA	EET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O WAITR	ION 12b. K	IND OF BUSINESS OR
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shows	CERTIF	71a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		123. HOW INTURY OCCUPA	YES NOX	YES [	NO 🗌
Item 18	MEDICAL C	OR CONTRIBUTING CAUSE OF E	DEATH HOUR A.M. MONTH P.M.	DAY YEAR	216 HOW INJURY OCCUR	CD (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR P	ART 2)
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with the Sto		M.S.MILLER,	LT, MC, USNR		MEDICAL CEN	HOSPITAL,		
3	23a	BURIAL, CREMATION, REMOVA	AL 236. DATE 236		emetery or crematory on National Co	23d LOCATION CITY OR TOWN Arling	ton	STATE
1/81	24. F	UNERAL DIRECTOR	Oxon Hill Rd. O	xon Hi	11, Ma. 259 SAI	P 2 4 1987	THE STRAP SEL	Calvery

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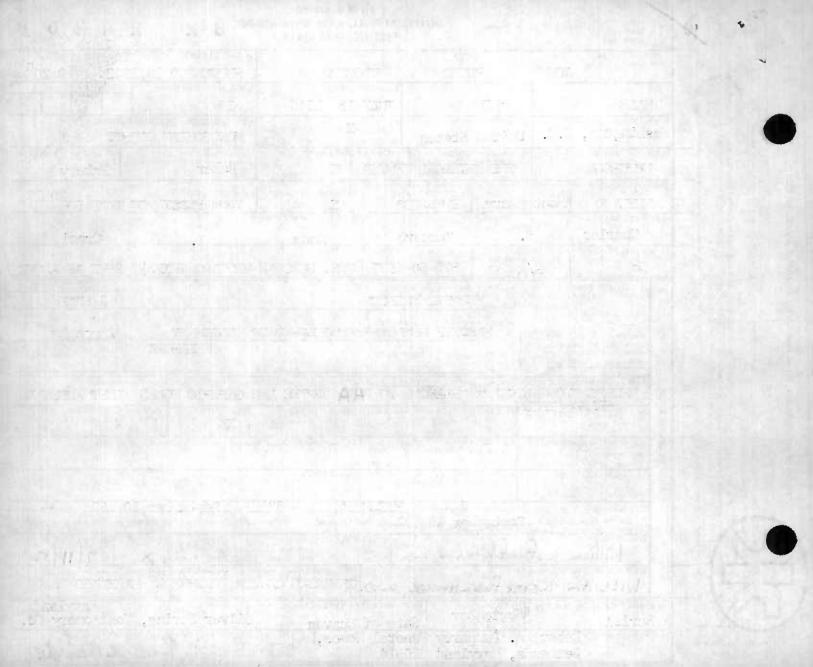


Warner E. Pumphrey Inc. Sil. Spr. Md.

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter leath. The described by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the luminal matter

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3	1.	FOR STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYGI FICATE OF DEATH	ENE 8 2	-	262	
		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH		EAR 26. HOUR	
le ou		Walte	er		islow	Sept. 13	, 1982	9:00 A,	
	3 SE		4 RACE			6. AGE (IN YEARS LAST BIRTH		TYEAR IF UNDER 24 HRS	
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151		RTHPLACE (STATE OR FOREIGN OUNTRY)  Illinois	TTCA		ED NEVER MARRIED U	9. BALTIMORE CITY OR COUNTY OF Montgomery Co			
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Salar Par	130	AL RESIDENCE (IF NURSING HOMEO STATE 11550UT 1136 COUR Maryland Hot	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	e admission)	13d. INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS	8112 Str	atford Dr.	
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y injury, or off	NO	PART 2 OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	nal disease or cond	DITION GIVEN IN PA	(RT 1(o)	
ows ony	CERTIFICATION	190 DATE OF OPERATION	196, CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES		
Item 18 sh		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PA	RT 2)	
rked or 1	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET	CITY OR TOW	N COUNT	TY STATE	
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with the Stat		EUJENE		D	10 400 Co	unston	TAVE Md. 2	0795	
_		BURIAL, CREMATION, REMOVAL SPECIFY) Removal	23b. DATE 23c. Sept. 13, 1982	NAME OF C	EMETERY OR CREMATORY  LEGITAL SET TO THE HEALTH SET				
7/77	24. F	UNERAL DIRECTOR  Capitol Fur	neral Service	Falls	Church Va.	EP 1 6 198	Sb. REGISTRAR'S SK	INATURE CALLER	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours aft

IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar other traumatic event, the medical exam

shauld be detached far use as the burral-transit permit. Then please remove carban paper with the State Dept. af Health and Mental Hygiene priar to burial, crematian, ar remaval.

## FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DECEASED NAME							NO.		
[TIPE OR PRINT]	FIRST Emma M	MIDDLE	Vickre	7		20. DATE OF DEATH	MONTH	DAY YEAR	76 HOUR
I. SEX	mma	$\mathcal{W}$	1	ick	rey		93	18/82	76
Female	4. RACE		5. DATE OF	DAY	- OXIAR	6 AGE (IN YEARS LAST	BIRTHDAY	MONTHS DAYS	HOURS M
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Missouri	U.S.A		MARRIED	☐ NEVER	MARRIED -	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
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0 11 0		H FACILITY, GIVE STREET A	DDRESS)	LASC		(TYPE OF WORK FOR MOS	T OF WORKING L	IFF) INDUSTRY	F BUSINESS
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FATHER'S NAME			100000		'S MAIDEN NA		DOC AV	•	
Henry	WIDDIE	LAST			FIRST	WIDDLE		LAS'	
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(YES, NO ORUNKNOWN)	(IF YES, GIVE WAR OR DATES)	213-16-2	868	Barb	ara Fi	sk. 720 Me	dow Ta	ne. Che	MAR CIP
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BURIAL, CREMATION, RI		- /			CREMATORY	23d LOCATION		COUNTY	STAT
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FUNERAL DIRECTOR			Inc.	ek Ce	metery	ashir		D.C.	1

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

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(VRA 15, 4)

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1 DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) Andrew Angelo Vizzi September 3. 1982 B:50P 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH white Male MONTH Jan. 2. O BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Argentina USA Montgomery IR CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR Civil Engineer Bethtel Olney Montgomery General Hospital 136 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Howard Woodbine Jennings Chapel Rd. IS MOTHER'S MAIDEN NAME Angelica Vizzi Licata Giovanni ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO GRANKHOWN) (IF YES, GIVE WAR OR DATES) 053-16-8033 Darius A. Vizzi Glendale. Md. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. Filmohistio cytoma. 3 420 IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION al lune metastusis. Congestive heart find 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOLX 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE 220 1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on\_
above, (1) (we) (did) (initial) and that in (my) apinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRES 8111 Prince Philip Drive 22d PHYSICIAN'S NAME (TYPE OF PRINT) Donald E. Dillon, M. D. Olnev. MD 20832 23¢ NAME OF CEMETERY OR CREMATORY Burial Poplar Springs Md . Sept. 7,1982 Poplar Springs LAYTONSVILLE, MD. 2087 P. 9 1982 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 FRANCIS H. BARBER

STATE OF MARYLAND

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2 st	14. FA	ATHER'S NAME	WIDDLE	LAST	15. A	NOTHER'S MAIDEN N			LAST
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A / has William to the Continue with the god decess . to the continue of the state of the same

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 70 DATE OF DEATH MONTH TYPE OR PRINTS Harriet R Wade SEPT 3) 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 1907 F emale caucasian 70 BIRTHPLACE I STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WASHINGTON.D. U.S.A. MONTGOMERY NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 176 KIND OF BUSINESS OR INDUSTRY PINE ORCHARD DRIVE HOMEMAKER SILVER SPRING USUAL RESIDENCE HENUR 13e STREET ADDRESS MD. 15316 PINE ORCHARD DR. 20906 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME BERNADINE CORBEY RFAMV IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMAN DAUGHTER 7908 RAPHAEL CT. IYES NO OR UNKNOWN (IF YES GIVE WAR OR DATES) JUDITH W. JORDAN POTOMAC.MD 20854 577-05-1575 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) APPROXIMATE INTERVAL PART I. DEATH WAS CAUSED BY CARCINOMA WITH WIDESPREAD METASTASES YEARS DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO. IFICAT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [ 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY OFFICE FARM ETC.) CITY OR TOWN COUNTY NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from TULY 1982 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

sow the deceased alive on SEPT. 2) obove, (1) (we) (and (did not) view the body after death 226. SIGNATURE

DEGREE MD

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

PRINCE PHILLE

90837

22c. DATE SIGNED 28 SEPT 82

UGENE

230 BURIAL, CREMATION, REMOVAL

LAMNERY

9/30/82

230 NAME OF CEMETERY OR CREMATORY GATE OF HEAVEN

SILVER SPRING

MONT

DHMH - 16 50M 1/81 (VRA 15, 4)

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24 FUNERAL DIRECTOR Francis J. Collins

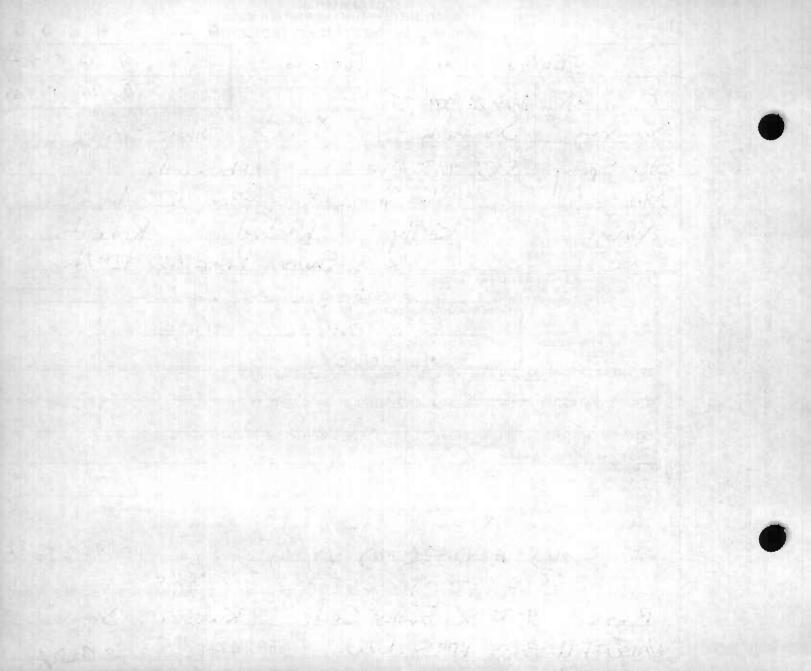
BURIAL

500 Univ. Blud. W., Silver Spring, Md. 20901

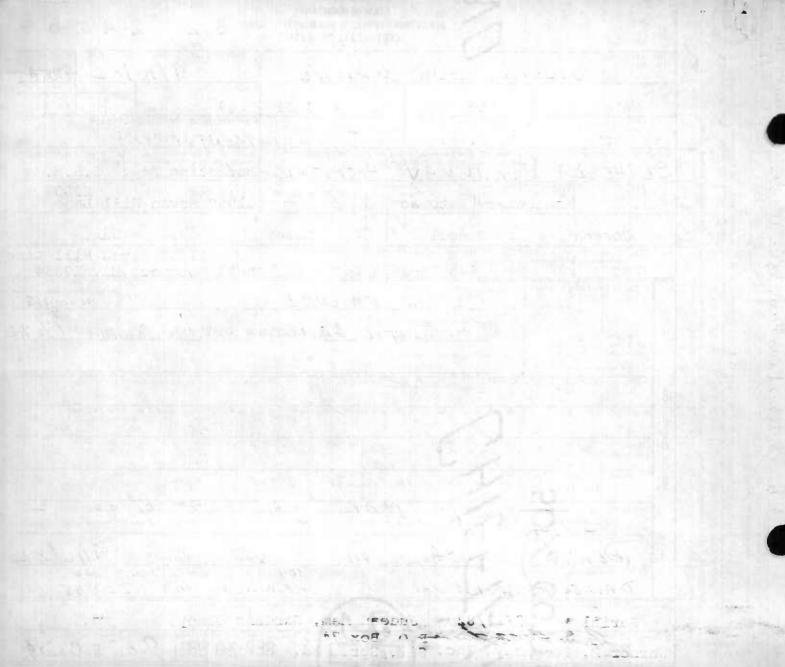
OLNEY, MO-

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNAL RE

	1		ST	ATE OF MARYLAND	William Street	
		FOR STATE		F HEALTH AND MENTAL HYC	1.2 1.3 1.3	1 2 6 8
		REGISTRAR CEASED NAME FIRST	MEDICAL EXAMI	NER'S CERTIFICATE OF	REG. NO.	4 6 0 0
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S FILED	10. C	TY OR TOWN OF DEATH	ME OF HOSPITAL, NURSING HONOT IN SUCH FACILITY, GIVE STREET ADDRESS	ME, OR OTHER INSTITUTION 12	G. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
0 0 4 0 2			NSTITUTION, GIVE RESIDENCE BEFORE ADMI	13d. INSIDE CITY LIMITS? 13	e STREET ADDRESS	
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DEATH. IF		Adam	Kelly	Rach	MIDDLE ROLL	245
~ ~ ~	16a. V	VAS DECEASED EVER IN U.S. ARMED FO ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR D	RCES? ATES)	ITY NO. 17. INFORMANT	Puna 8322 V7	S. A. HT
UURS AFTER DEATH B. GIVE PAGES 1, WITH FORM PM T. PAGES 1 AND 2 DIVISION OF TAR		18 CAUSE OF DEATH (Enter only one c	ause per line far (a), (b), and (c).)	JAUDRA	IMANG OVER IT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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BUISION OF VITAL RECORDS, 301 W. PRESTON ST., SCRIFICATE SHOULD BE EXECUTED WITHIN 24 HOLD RITHING THE WORD "PENDING" IN PENCIL IN 1FEM 18 OPED TO THE CHIEF MEDICAL EXAMINER ALONG E 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT E DEPARTMENT OF HEATH AND MENTAL HYGIENE, PRIOR TO BURIAL, CREMATION, OR REMOVAL.		lying couse last.	(c) 8 U	ovary		
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E . 3 4 5 5		22a. I certify that I took charge of the	remains described above, held an	Autopsy . Inspection .	, Inquiry , and in my a	pinion
L EXAMINER E CERTIFICATI OULD BE FO L DIRECTOR: H, WITH THE MARYLAND;	1	death resulted from: Natural cous	Accident .		Undetermined monner ,	
CAL EXAMINER: THE CERTIFICATE SHOULD BE FOR FRAL DIRECTOR: ATH, WITH THE ( SE, MARYLAND, 2		ACTUAL SAIN	A. DASS	M.D. DOPOUL	_MEDICAL EXAMINER SIGN	ED7-23-82
TO MEDICAL E: EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, V AFTER DEATH, I	1	EXAMINER'S NAME 563 2	- Amnapo	Lis Hopress / 2	770220	
EXE EXE TO TO AFTE BALL	23a. B	URIAL, CREMATION, REMOVAL 236. DAT	E 23¢ NAME OF C		23d. LOCATION CQL	JNTY STATE
BP	24. F	JNERAL DIRECTOR	50-80 FAMIL	Y CEM.	CD. BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
DHMH - 17 (VR A15 ME (5)) 15M 7/76	V	VATSON F.H. 34	35 14TH ST. 1	J.W. SEP?	241982 2	2000
						- Thuck



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE OF DEATH MONTH TYPE OR PRINTS Martin IF UNDER I YEAR 3. SEX 1931 Male White Ta. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED KNEVER MARRIED COUNTRY U. S. A. New York WIDOWED DIVORCED IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Marketing Rep I.B.M. USUAL RESIDENCE (IF NURS E OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION W COUNTY 20854 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 2085 11058 Seven Hill Lane Md. Montgomery Potomac YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Unk . Rose Joseph Wangel 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT 11058 Seven Hill Lane LIF YES, GIVE WAR OR DATES) 105-24-2653 Norma J. Wangel Potomac., Md. 20854 Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: LIVER FAILURE MONTHS IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF CARCINOMA UNKNOWN PRIMARY Conditions, gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [ 210, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 19 21d. INJURY OCCURRED 210. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from\_ .19 62, and that in (my) (and opinion death occurred on the date and hour and from the causes stated sow the deceased alive on Sept 16 above, (I) (and) (did) (did not) view the body after death. 22b\_SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR should be deto with the State [ MPORTANT 220. ADDRESS . 10400 22d. PHYSICIAN'S NAME (TYPE OR PRINT) CONNECTICUT OSENBLUM KENSINGTON ma 20895 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Md. 9/17/82 Judean Mem. Gardens Olney, Buria P. O. BOX 7428 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 24. FUNERAL DIRE DHMH - 16 50M 4/B2 Pumphrey, Inc. Sil. Spr., Md. (VRA 15, 4)



BP. DHMH - 16 50M 1/8 (VRA 15, 4)

	1			STATE OF MARYLA	ND				
	1.	FOR STATE	DEPARTA	NENT OF HEALTH AND N		ENE 8 2	2	4 2	7 0
	LDE	REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF D		REG. NO			
		OR PRINT)	00 1	- 10 - 5	1/200	20 DATE OF DEATH	MONTH DAY	YEAR	25 HOUR 20
	3. SE	× /VEIS	1 RACE	S DATE OF RIDTH	vare	AGE (IN YEARS LAST BIR	BA IE III	NDER I YEAR	1 LINDER 24 HBS
	J. JL	MALE	Black	Jan. 28	1900	82	YRS.		HOURS MIN.
83		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?		ARRIED -	MONT G	COUNTY OF	RY	
0.	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSIN	G HOME OR OTHER INST		120 USUAL OCCUPATE	ON 1		BUSINESS OR
70	1	ensington	Kensinglen	Sardens /	Varsing	TYPE OF WORK FOR MOST OF	A DOY ?	NDUSTRY	
35	13a S	AL RESIDENCE IN NURSING HOME OR STATE 136 COM	OTHE INSTITUTION GIVE & SIDENCE BEFORE ITY 13 CF ITY OR TOWN	134 INSIDE CI	TY LIMITS?	30. STREET ADDRESS	Valley	wood	1. Dei
1	14. FA	ATHER'S NAME	MIDDLE LAST	IS. MOTHER'S	MAIDEN NAMI	E MIDDLE	2	LAST	- CANA
50		10m	WARE		Jer	nie	-	LASI	
1		VAS DECEASED EVER IN U.S. ARI YES NOOR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMAN	NT /s	La C ADDRE	7	. 00	11/2
1		140	2/1-12-	8218 11101	rias W	ure (son	Joine	e As	
		PART I. DEATH WAS CAUSE		no Cont	CA	rlin-		BETWEEN ON	ATE INTERVAL
		4293 IMMEDIAT	E CAUSE (a)	ofece con	1	0.		42	ene
		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	NCE OF WOULD	con c	derease	2		
		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	NCF OF			9-11-1		
		underlying cause last.	(c)						
	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED	TO THE TERMIN	AL DISEASE OR CONT	DITION GIVEN I	N PART 10	
-	CERTIFICATION	19a, DATE OF OPERATION	196 CONDITION FOR WHICH	OBERATION WAS BEREOR	1450	Too ALITODSY2	Tan in vec vie	OF FILE	
9	IFIC.	170. DATE OF OPERATION	190 CONDITION FOR WHICH	OPERATION WAS PERFOR	WED	20a AUTOPSY?	20b. IF YES, WE	G CAUSES O	F DEATH?
	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21r HOW INI	LIRY OCCUPPE	YES NO	YES	-	NO 🗌
9		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR	ON OCCURRE	D TENTER NATURE OF INJUR	A IN ILEM IS PART I	ORPANIZ)	
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	21f. LOCATIO	N				
	ME	WHILE AT WORK AT WORK	(AT HOME, STREET, FACTORY OFFICE, FA			CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (# (this hospit	in a nided the defeased from	7/12	1981	-, to 9	127 196	82 th	ot ( (we) ast
		sow the deceased mission, above, (I) (was add) (stid to	912719	ond that in (m/) (	our) opinion de	oth occurred on the do	te and hour and	d Irom the co	uses stated
		22b. SIGNATURE		DEGREE			7. E II.	22c. DATE SI	IGNED
		XJAI KI	rentalland,	77 - D . P		MEDICAL STAF		9/27	1/65
1		22d. PHYSICIAN'S NAME ITYPE OF		22e ADDRESS	372	O FARR	AGUT	AVE	-
-1	200	B.N. ROSEN				ISMGTO	ou, u	v. 2	0895
	230 E	SPECIED PANATION, REMOVAL	9-30-82 12	PPS (Vem	A TO CINA	23d LOCATION CITY OF TOWN	unato	YTAUG	Die
	24 FY	INERAL DIRECTOR	1 246	V. 1. 145h.5	+ 250 PAP	REC'DABY REGISTRAR	25b. REGISTRAR	'S SIGNATU	RE A
	(0	what K. Jnu	wden Pon	Lilla Mi	DE	r 29 1982	John	2 C	awel &

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STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1	DR. ARTHUR	C H. WEB	4	7s. DATE OF DEATH MONTH	23-82 11 04
3			5. DATE OF BIRTH	6. AGE IN TEARS LAST BETHDAY	FUNDER LIKER FUNDER JAMES
4	MALE	IEGRO	DEC. 28,1915	66 yrs	MONTHS BARS HOURS AMAL
4	WASH., D. C.		MARRIED A NEVER MARRIED WIDOWED DOORCED	* BALTIMORE CITY OR COUNT MONTGOMERY	Y OF DEATH
4	SILVER SPRING H	IOLY CROSS		PROFESSOR (PhD	DIE KIND OF BUSINESS OR
E		OMERY SILVER	SPR NES X NO	1005 LaGrand	e Rd.
1	CHARLES LOUIS	WEBB	GERTRUDE	I. HARPER	LARY.
2	NO DECEMBED EVER IN U.S. ARMEI		The second secon	ADDRE 1005 Webb-Wife Sil	LaGrande Rd ver Spr.,Md.
N 1 23	Conditions, if boy, which gave rise to immediate course its broken the	DUE TO, OR AS A CONSEQUENT	tary insufficient	ery fibrasia	
162	PART 2. OTHER SIGNIFICANT COM	Metastal	NCE OF TE SQUAMENT EATH BUT NOTHE TERM	MINAL DISEASE ON CONDITION GI	NEW IN PART I/a:
1	THE DATE OF OPERATION	1%: CONDITION FOR WHICH C	PERATION WAS PERFORMED	IN CERTI	S. WERE FINDINGS USED FYING CAUSES OF DEATHY ES X
R	THE ACCIDENT WAS UNDERLYING OF DEATH OF	21s. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	RRED (SHITES HATURE OF HAZIRY HI DEAN IS.	PART ( (DEPARTS)
	A THE STREET OF STREET	BANK THE A STATE OF BUILDINGS	ALL THE PROPERTY		

CITY DIE TOWN COUNTY 55.426 AT HOME, STREET, PACTORY, OFFICE, FARM, ETC. and that in (my) (our) opinion death occurred on the date and hour and from the cause stated 27h 5KGNATURI DEGREE The DATE SIGNED

23s BURIAL CREMATION, REMOVAL

THE NAME OF CEMETERY OR CREMATORY

Street N.W. 20006 THE LOCATION OF TOWN

DHMH - 16 50M 1/B1

POSTANT.

(VRA 15, 4)

CREMATION 9/25/82 Lee Crematorium

WASHINGTON, D. C. 1622 11th. St. NW SEP

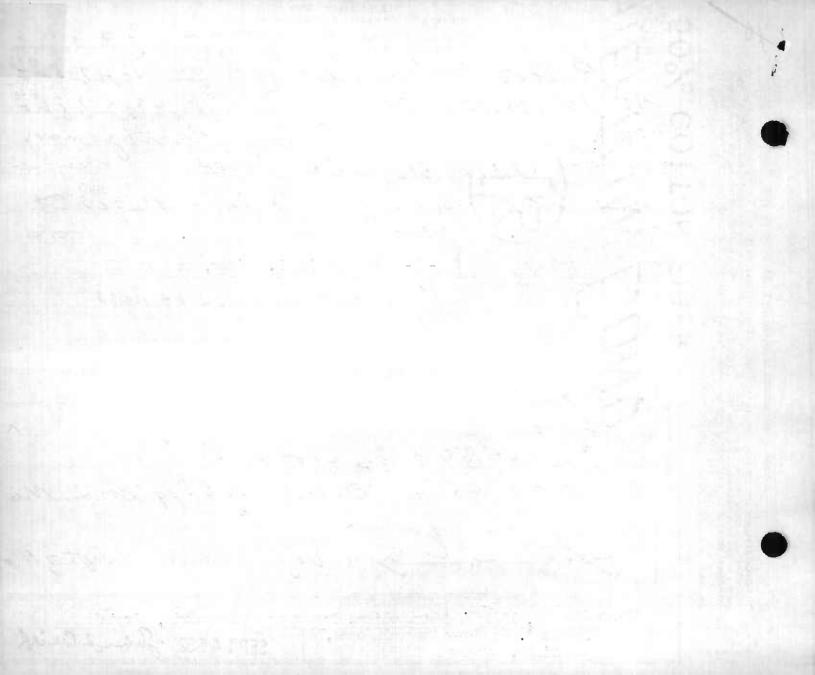
ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Morrow & Woodford, Inc.

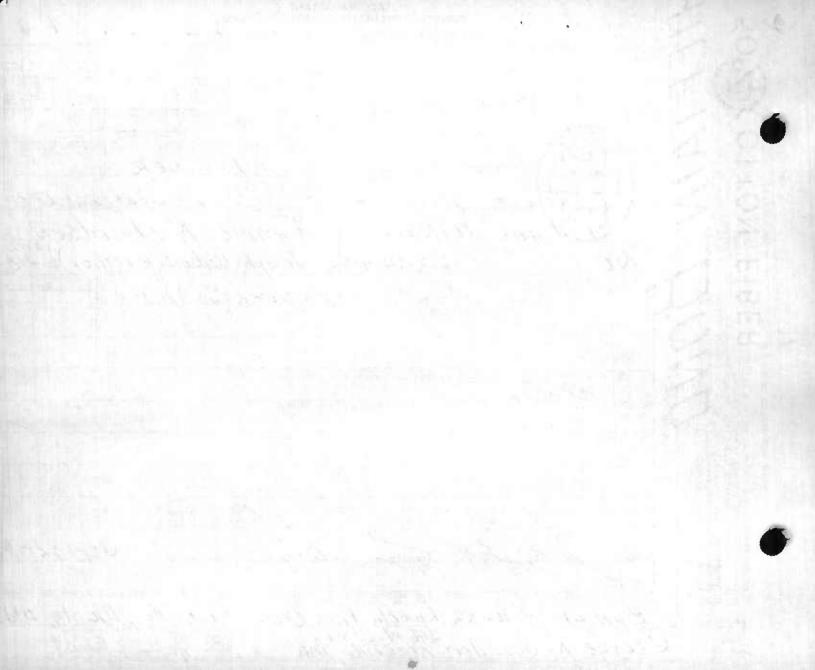
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED DATE RONOUNCED LAST BIRTHDAY) MONTHS DEAD To BIRTHPLACE (STATE OR MARRIED ONEVER MARRIED New Jersey United States omar ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WOR Physician Silver Spring Public Health (20906) Ilo STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Joseph MIDDLE Weiger Helen M. Corcoran 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS ( IF YES, GIVE WAR OR DATES) 306-22-3442 Nadine L. Weiger, same as #13 ves unknown CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ 8 216 TIME OF INJURY 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) SHOULD HOUDAM MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEAT 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY AT WORK AT WORLE 22a. I certify that I took charge of the remains described above, held an Autopsy death resulted from: ---Notural causes Accident Homicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATUR EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE Sept. 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Metropolitan Crematory Alexandria, Virginia BP. Funeral Homes .PA | 250. DATE REC'D. BY REGISTRAR | 256 REGISTRAR'S SIGNATU **DHMH-17** Rockville, Maryland 20850 (VR A15 ME (5))

15M 2/80

STATE OF MARYLAND



	DED A DIAAFAI	STATE OF MARYLAND	VOIENIE		
1 - STATE REGISTRAR		FOF HEALTH AND MENTAL H MINER'S CERTIFICATE O	M "	2 4 2 7	3
1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN		26 HOUR
(TYPE OR PRINT)	ames	Wilson	OF ESTI- DEATH MATED	□ 9/26/ <sub>19</sub> 82	1:21
3. SEX 4. RACE	5. DATE OF BIRTH 6. AG	E (IN YEARS   IF UNDER 1 YR.   IF UNDER		MONTH DAY YEAR	2d HOUR
male black	MONTH DAY YEAR LAS	BIRTHDAY) MONTHS DAYS HOURS	MIN. PRONOUNCED DEAD	9/26,682	1:21
To BIRTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIE	9. BALTIMORE CITY	OR COUNTY OF DEATH	
FOREIGN COUNTRY) Md.	4.S.A.	WIDOWED DIVORCE	/	mery County	MD.
IIO. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSING	HOME, OR OTHER INSTITUTION DRESS)	12a USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE)	OR INDUSTI	SINESS
Bethesda	Suburban Hosp		LABORE	R	
130. STATE 13b. COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 134, CITY OR TO	WN 136. INSIDE CITY LIMITS?	13e STREET ADDRESS	7//	2
14. FATHER'S NAME	ant Keek	15. MOTHER'S MAIDE	N NAME	co6/2nd L	18/12
FIRST ////	MIDDLE /// /SAST	11 Fin	ALD MIDDE	handen	. /
160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17. INFORMANT	ADDRES	5 14 14 361	ame
(YES, NO, OPUN NOWN) (IF YES, GIVE	E WAR OR DATES) 212-3	14-4152 Josep	of Wilson (1	3 rother las	#13
18 CAUSE OF DEATH (Enter or		c).)	1 1 1 1 1	APPROXIMATE BETWEEN ONSE	INTERVAL T AND DEATH
PART I DEATH WAS CAUSE	ED BY: ATE CAUSE (a) Cart	a Myocar	distille	~	
7241	DUE TO, OR AS A CONSEQU	ENCE OF			
Conditions, if ony, which gave rise to immediate	e / (b)				
cause (a) stating the <u>under</u> lying cause lost.	DUE TO, OR AS A CONSEQU	ENCE OF			
PART 2 OTNER SIGNIFICANT CONDITIONS	(CONTRIBUTING TO DEATH BUT NOT BELATED TO	NE TERMINAL DISEASE OR CONDITION GIVEN IN PAR	T		
	O	HE TERMINAL DISEASE OR CONDITION GIVEN IN PAR	1 1 6.		
190. DATE OF OPERATION 210 EXTERNAL CAUSE WAS	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED?		20 AUTOPSYS	>
I Var	ne			YES 🗆	NO PO
	216 TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 21c. HOW INJURY OCCURRED	) LENTER NATURE OF INJURY IN ITEM 1	B PART I OR PART 2)	
CONTRIBUTING CAUSE OF		19			
	21e PLACE OF INJURY (ATH STREET, FACTORY, FARM, ETC.)	OME. 211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
AT WORK AT WORK			(T)		
22a I certify that I took chor-	ge of the remains described above, hel		Inquiry L, o	ind in my opinion	
deoth resulted from: Natu	ural causes Accident	Suicide, Homicide	Undetermined manner		
ACTUAL SIGNATURE	0016	TITLE (SPECIFY)		DAESCOL 2	(1981
SUPERIOR		The Million of the	MEDICAL EXAMINER	SIGNED	
EXAMINED S NAME		ADDRESS_	المنال ليواث		
230. BURIAL, CREMATION, REMOVAL	236. DATE   23c, NAME	OF CEMETERY OF CREMATORY	23d LOCATION CITY OR TOWN	control / st	ATE MA
BURIAL	4-30-82 Line	ola PARK Cem.	Kockville	, Monta	11/1.
24 ONERAL DIRECTOR	Con ADDRESS 246	N. WASh. STATER	ec'd. by registrar 156 rec	GISTRAR'S SIGNATURE	
George K.	VIIOUGEN ROC	Kolle mo	o loca	- while	



ond completely filled in by the oges I and 2 should be filed wi

should be detached for use as the burial-transit permit. Then please remove corbangabe with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

IMPORTANT: If them 21 is morked or them 18 shows ony

do	2	FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE	8	2 reg. no.	
x 75		1. DECEASED NAME	FIRST	WIDDLE	LASI		ATE OF DI		ONTH

	NEO TOTAL					REG. N	0.		
	1. DECEASED NAMF	FIRST	MIDDLE		LASI	20 DATE OF DEATH		DAY YEAR	2b. HOUR
١	, Jai	ne ·	H.		ndrow	Septembe	r 28,	1982	6 PM
	3 SEX	4 RACE			OF BIRTH	6. AGE (IN YEARS LAST BE		IF UNDER I YEAR	
	Female	Bla	ck	Fel	b. 22 1928	54	YRS	MONTHS DAYS	HOURS MIN.
-	70 BIRTHPLACE (STATE OR FO		WHAT COUNTRY		DENEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
	Indiana	USA		WIDOW	ED DIVORCED	Montes	mor	1 ( Du.	n to 1 MD
1	10 CITY OR TOWN OF DEAT		HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION		OF BUSINESS OR
1	Kockville	Shad	Grove	Adve	ntist toop,	Mont Cty			Education
1	USUAL RESIDENCE (IF NURSIN	G HOME OR OTHER INSTITUTION  3b COUNTY	130 CITY OR TO		1134 INSIDE CITY LIMITS?	13e. STREET ADDRESS			
2	Md.	Mont.	Rockv	ille	YES NO	907 Lev	erton	Rd.	
1	14. FATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		LAS	ST
4	Robert		Jack		Alice			Turk	
I	160 WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR OATES)	166 SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDR	Sam	e as	above
	None		380 30	6528	William D.	. Windrow	(Husb	and)	20852
ı	18 CAUSE OF DEATH PART I, DEATH WAS	Enter only one couse per	line for (a), (b)	and (cit)	+ E			The state of the s	CHSET AND DEATH
1	11012	MEDIATE CAUSE (a		1	mony 1	acres		6-8	mos
ı	4760		R AS A CONSEQ	VENCE OF	OPD			150	la va
I	Conditions, if any, agove rise to imme							1	no
I	cause 101, stating underlying cause	the DUE TO, O	R AS A CONSEQ	uence of					
I	PART 2 OTHER SIGNIE	(c)	ON IT DID LITTING TO	DE ATH BUT	NOT DELIVER TO THE				
I	3 GI/	fleiden -	70 %	C	NOT RELATED TO THE TERM	INAL DISEASE OF CON	DITION GIV	ENINEARI	0
	190 DATE OF OPERATIO	ON 196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES	, WERE FINDIN	VGS USED
	190 DATE OF OPERATION  210 ACCIDENT WAS UNDER					YES T NOT	IN CERTIF	YING CAUSES	OF DEATH?
1	210 ACCIDENT WAS UNDER		F INJURY M. MONTH (	DAY VEAR	21c HOW INJURY OCCURR				
1	OR CONTRIBUTING CAL		M. MONTH I	DAT TEAR					
	OF CONTRIBUTING CAL		OF INJURY		211 LOCATION	CITY OR TO	harbi	COUNTY	STATE
ľ	WHILE NOT WHILE		REET, FACTORY, OFFICE	FARM, EIC.)	0.00		- //	( )	STATE
	22a.1 certify that (1) (th	ins hospital; ottended th	e deceased from		. 19	10_7-	2 (		that (I) (we) last
l	saw the deceased above (f) (weekly)	olive on	after death	8 2, 01	nd that in (my) ( <del>aut o</del> pinion d	death accurred on the d	ate and hour	and from the	causes stated
l	276 SIGNA ALIRE	1111	2	A. A	DEGREE			22L DATE	SIGNED
1	Jul 1	y/ n	Tu	120	ATTENDING PHYSICIAN	MEDICAL STA	IAN 🗌	7/-	18/82
١	2211 PHYSICIAN'S NAM	E (TYPE OR PRINT)			22e ADDRESS		1 0	0	
1	1/1.7	. 3/1/A			807014	~ mil	1 /2	of	
	230 BURIAL, CREMATION, RE			NAME OF C	EMETERY OR CREMATORY	23d LOCATION	11-	CAPALY	ne As
1	Durlar	10/2	/82   E	arkla	awn Cemetery	ROCKVI	тте	Mont.	. Mď.

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR:

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

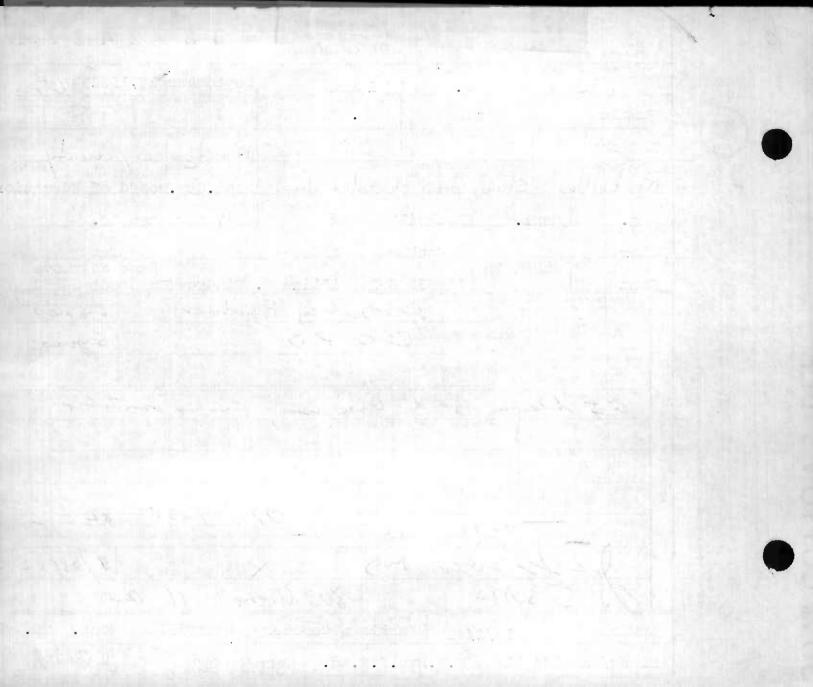
Page 14 FUNERAL DIRECTOR
Hines/Rinaldi 11800 N.H. Ave.S.S.Md.

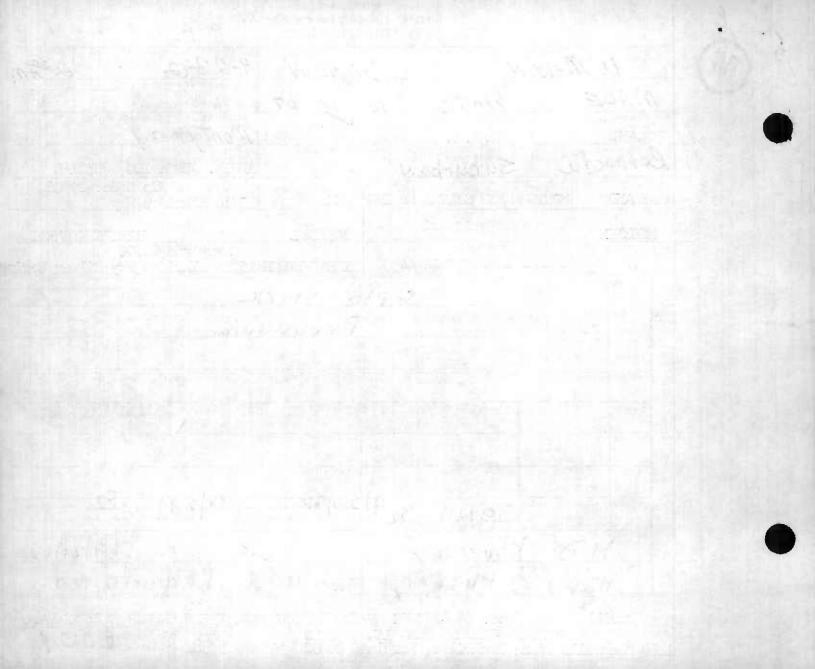
10/2/82

JEGISTRAR'S SIGNATURE

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2 1





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 20. DATE KNOWN OF ESTIDEATH MATED DECEASED NAME TYPE OR PRINT) 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. DATE LAST BIRTHDAY PRONOUNCED DEAD BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED DEVER MARRIED FOREIGN COUNTRY) U.S.A. DIVORCED Maryland OR INDUSTRY PHYSIO THEXAPTOT Self-Employed 13d INSIDE CUY LIMITS? 13e. STREET ADDRESS SANG AMORE MONTGOMER YES NO 1 15. MOTHER'S MAIDEN NAME 4. FATHER'S NAME Rosalie MIDDLE Marshall Joseph 166. SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 218-38-5887 Aimee Wise Same as item # 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIO PULMONI HRY DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which AQU TE PULMONARY EMIROLIS WI gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the under-PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 9-12-82 LACERATION YES NO HOUR A.M. MONTH DAY UNDERLYING DOR DOWN CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. WHILE AT WORK Inspection L 220. I certify that I taak charge of the remains described above, held an Autopsy Accident Hamicide Undetermined manner EXAMINER'S NAME ADDRESS 8200 WISCONSIN A 23a, BURIAL, CREMATION, REMOVAL 23b. DATE Charles Mem. Gardens 9/18/82 Leonardtown, Md. Burial 24. FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 250. DATE REC'D. BY REGISTRAR 176. REGISTRAR'S SIGNATURE **DHMH** - 17 NAME 5130 Wisc. Ave. N.W. Wash., D.C. (VR A15 ME (5)) 15M 7/76

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H	STORY	1.	FOR STATE			DEP	ARTMENT OF	EALTH AND		IENE 8	2	2 4	2 /	1
011	1 600		REGISTRAR				CERTI	TCATE OF	DEATH		G. NO.			
V	200	1. DE	CEASED NAME	FIRST	N	AIDDLE		LAST	1	20. DATE OF DE A	TH MONTH	DAY YEAR	26 HOU	JR .
	b 000		40U.I	5	V		WI	tohi	0.	44557	9-	15-82	5 4 S	D.,
	you od	3. SE			RACE		5. DATE	OF BIRTH		6. AGE (IN YEARS L	ST BIRTHDAY)	IF UNDER 1 YEA		141
	offe,		Mala			7 4 5 1	MONT		YEAR			MONTHS DAY		MiN.
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STATE OF MARYLAND

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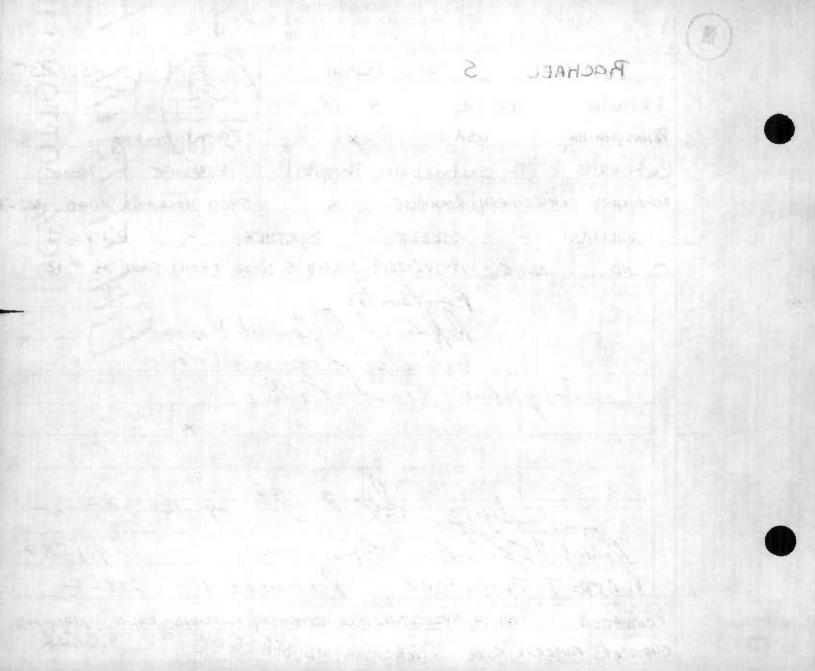
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DE REGISTRAR REG. NO I. DECEASED NAME MIDDLE 20. DATE KNOWN X TYPE OR PRINT OF ESTI-Nina Wondrack W. 19 82 P 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF LINDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED 19 82 6, Sep. DEAD Female White CAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 5 FOR BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PRESTATION, OR REMOVAL. 76. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) W. Va. WIDOWED X DIVORCED USA Montgomery County 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) Carriage Hill Nursing Home Silver Spring Housewife None USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Montgomery Bethesda 6309 Kenhowe Drive YES X NO C 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FTER DEATH.

RE PAGES 1, 2
FORM PM 3 MIDDLE LAST LAST MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. IYES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 578-62-1158 Daughter - Carol W. Wyman - Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Pulmonary embolus 22 days DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which fracture of left hip. 22 days gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) USED AS A B CERTIFICATION None WNER: THIS CERTIFICATE SHOULD FICATE, WRITING THE WORD "PER E RORWARDED TO THE CHIEF M. TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEADLY AND. 2 (20) PRIOR TO BURIAL, CAMP. 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 8/31/82 Fracture of left hip YES [ NO K 210 EXTERNAL CAUSE WAS 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) X OR HOUR A.M. MONTH DAY UNDERLYING 8/30 CONTRIBUTING CAUSE OF DEATH 1982 Fell at home 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED III. LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THOLD BE FORWARDED TO FUNE AND BE FORWARDED TO FUNE AND BE FORWARDED TO FUNE AND THE STATE DEP BATTIMORE, MARYLAND, 2 (20) PR AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) Home Kenhowe Drive, Bethesda, Montgomery, 22a I certify that I took charge of the remains described abave, held an Autopsy Inquiry death resulted from: Suicide Homicide Undetermined manner Natural couses TITLE (SPECIFY) Deputy 9/22/82 SIGNATUR MEDICAL EXAMINER 1919 Seminary Road XMMINER'S NAME John S. Rogers, M.D. Spring, Montgomery, Md. TYPE OR PRINT 23d. LOCATION 23g BURIAL CREMATION REMOVAL 23b DATE 23(. NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial Lincoln Cemetery BP Washington 14 FUNERAL DIRECTOR eVal Funeral Home DHMH - 17 Washington, (VR A15 ME (5)) 15M 2/80

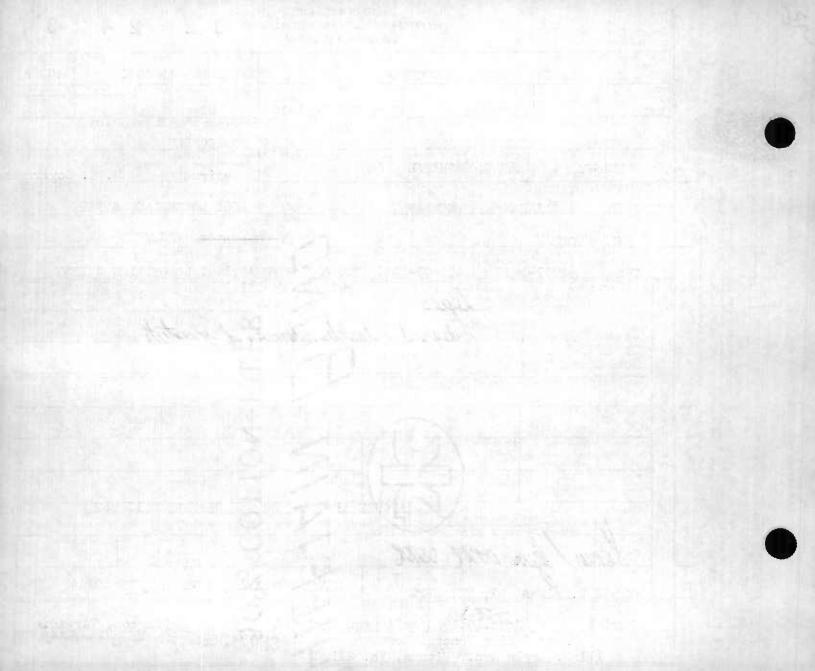
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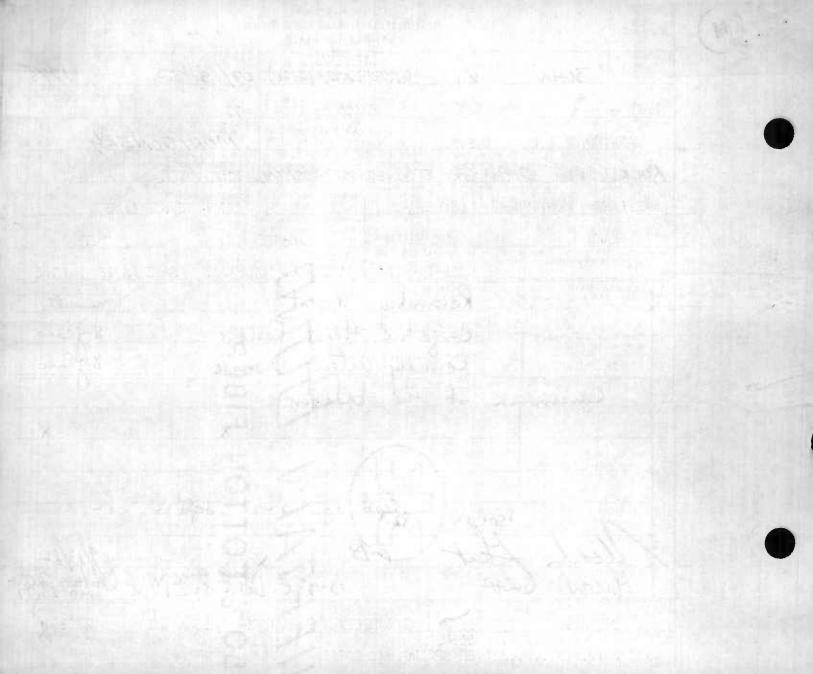
STATE OF MARYLAND



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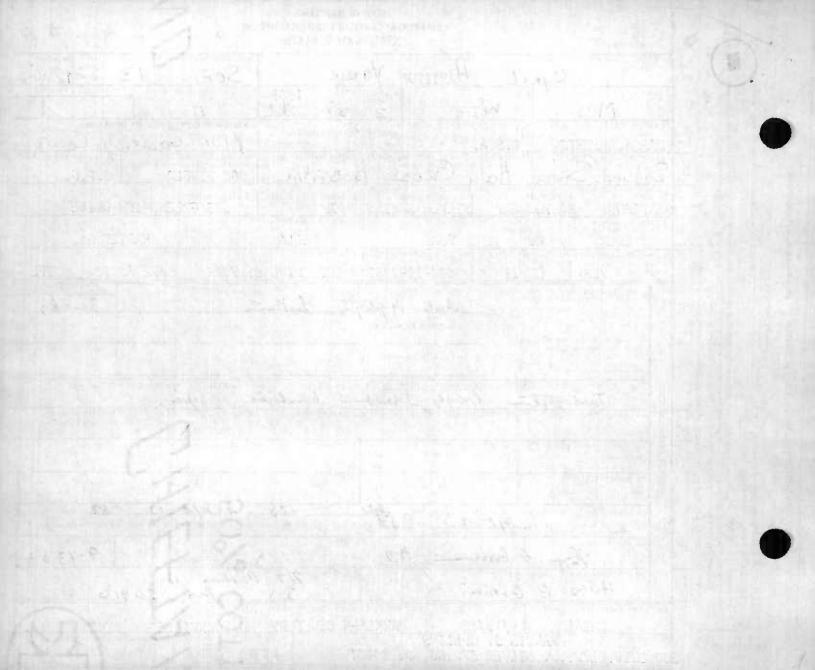
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OR A DIREC Sched Dept f Item	276_SIGNATURE DEGREE 221. DATE/SIGNIO							
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500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

(VRA 15, 4)

STATE OF MARYLAND



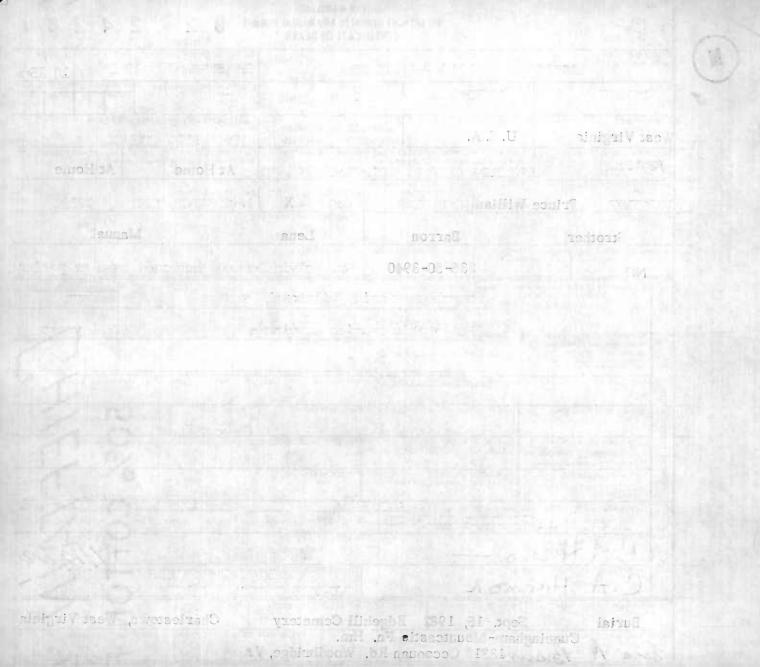
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